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Transgender Individuals' Social Support Experiences in Central Appalachia

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TRANSGENDER INDIVIDUALS' SOCIAL SUPPORT EXPERIENCES IN
CENTRAL APPALACHIA

DISSERTATION

A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy in the College of Education
at the University of Kentucky

By

Angela Jo Aaron

Lexington, KY

Director: Dr. Sharon Scales Rostosky, Professor of Counseling Psychology

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2015

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ABSTRACT OF DISSERTATION

TRANSGENDER INDIVIDUALS' SOCIAL SUPPORT EXPERIENCES IN CENTRAL APPALACHIA

The majority of empirical studies in transgender psychology have focused on the negative experiences of urban transgender individuals (Grossman & D'Augelli, 2007; Koken, Bimbi, & Parsons, 2009; Melendez & Pinto, 2007; Singh & McKleroy, 2011; Strain & Shuff, 2010; Xavier, Bobbin, Singer, & Budd, 2005). Less is known about the experiences of rural transgender individuals (Fassinger & Arseneau, 2007; Grossman, 2008) especially in Central Appalachia (Gray, 2009). The purpose of this study was to examine transgender individuals' perceptions of social support in Central Appalachia. Bronfenbrenner's (1977) ecological model framed the analysis of social support experiences within the culture of Central Appalachia. I conducted 25 in-depth semi-structured interviews with transgender individuals residing in Central Appalachia using a protocol that was pilot tested and revised. Systematic grounded theory (Strauss & Corbin, 1990, 1998) guided the research design and analyses. Findings suggested that participants' perceived social support from familial (11) and non-familial (19) sources. Perceived support manifested as identity (15), emotional (three), and practical (four) support which seemed to help compensate for the lack of transgender-specific resources in much of Central Appalachia. Implications for further research and psychological service delivery are discussed.

Keywords: transgender, rural, social support, Central Appalachia, and well-being

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May 5, 2015
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TRANSGENDER INDIVIDUALS' SOCIAL SUPPORT EXPERIENCES IN
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TABLE OF CONTENTS

Acknowledgements.....	iii
Table of Contents.....	v
List of Tables	ix
List of Figures.....	x
Chapter One: Introduction	1
Social Support Can Be a Strength and a Resource	6
Ecological View of Transgender Social Support Experiences in Central Appalachia	6
Central Appalachia.....	8
Contributions to Counseling Psychology Research and Practice	10
Chapter Two: Literature Review	13
Overview.....	14
Social Support.....	16
Social Support in Vulnerable Transgender Populations	18
Identity Affirmation as a Form of Social Support	20
Social Support and Psychological Well-being.....	24
Social Support and Transgender Communities.....	27
Minimal Social Support Can Be Effective.....	29
Rural Transgender Empirical Studies	30
Rural Midwest Samples	32
Strengths-Based Studies.....	34
Positivity	35
Resilience.....	37
Well-Being.....	38
Summary	40
Strengths	41
Limitations	42
Conclusion	43
Chapter Three: Research Design and Methodology	46
Relevant Features of Qualitative Methodology	46
Exploratory	46
Context-Based.....	47
Theory Generation	47

Systematic Grounded Theory	47
Structured and Procedural	48
Theory Derived from Interactions	48
Conditional Matrix	49
The Current Study	49
Participant Recruitment	50
Sample Size	51
Materials	52
Interview Protocol	52
Digital Audio Recorders	53
Data Collection Procedures	54
Interview Transcription	55
Data Analysis	55
Open Coding	55
Axial Coding	57
Selective Coding	58
Conditional Matrix	58
Memoing	58
Verification	59
Trustworthiness	60
Member-Checks	61
Conclusion	62
 Chapter Four: Results	 64
Introduction	64
Participants	65
Thematic Analysis	67
Common Sources of Social Support	68
Immediate Family	68
Parents	69
Siblings	71
Spouses	71
Children	72
Extended Family	72
Uncles	73
Aunts	73
Cousins	74
Grandparents	75
Non-Familial	75

Romantic/Dating Partners	76
Friendships	77
Best Friends	78
Roommates	79
Transgender Friends.....	79
Medical Providers	81
Mental Health Providers	82
Religious/Spiritual Sources.....	85
Transgender Support Groups	87
Workplace Support	90
Supervisors and Human Resources Staff.....	91
Co-Workers.....	92
Customers	93
Neighbors.....	94
Academia	95
Classmates.....	95
Professors.....	96
Types of Social Support.....	97
Identity Support	98
Encouragement and Affirmation.....	99
Mentorship and Transgender Visibility	101
Referential Support	102
Surgical/Non-Surgical Support.....	104
Appearance Support.....	105
Preferred Gendered Treatment.....	107
Corrects Self or Others for Misgendering.....	108
Equal Treatment.....	109
Comfort Around Transgender Individuals.....	110
Ally and Advocacy Work	110
Getting Educated About Transgender Identity	112
Awareness of Transgender Accessibility.....	113
Acknowledging Societal Contributions	114
Sense of Protectiveness.....	115
Lack of Negative Treatment	116
Emotional Support	118
Spending Time Together.....	118
Positive Feelings and Behaviors	119
Physical Displays of Affection	120
Practical Support.....	121
Financial Assistance.....	122
Housing Assistance.....	122
Neighborly Assistance	123
General Helpfulness.....	124
Conclusion	124

Chapter Five: Discussion	127
Centrality of Mothers	129
Characteristics of People Who Were Supportive.....	131
Gender Identity as a Moderator of Support	132
Importance of Identity and Emotional Support	135
Influential Cultural Characteristics of Central Appalachia.....	139
Individualism	140
Communality and Kinship	141
Sense of Place	143
Hospitality.....	143
Loyalty	145
Indirect Communication	146
Wish to Migrate	148
Implications for Practice	149
Assessment.....	149
Treatment	150
Advocacy	152
Strengths, Limitations, and Future Directions for Research.....	154
Conclusion	158
Appendix A: Counties in Central Appalachia	161
Appendix B: Potential Recruitment Sources	162
Appendix C: Recruitment Letter.....	163
Appendix D: Informed Consent.....	164
Appendix E: Demographic Survey	168
Appendix F: Interview Protocol.....	170
Appendix G: Emergence of the Core Category of Sources of Support	173
Appendix H: Reflexive Writing.....	174
Appendix I: Common Sources of Support.....	179
Appendix J: Common Types of Support	180
Appendix K: Depiction of Perceived Influential Central Appalachian Cultural Messages and Characteristics on the Social Support Experiences of Transgender Individuals.....	183
References.....	184
Vita.....	207

List of Tables

Table 4.1: <i>Participant Demographics</i>	66
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List of Figures

Figure 3.1: Multi-Step Data Analysis Plan of Rural Transgender Social Support Experiences	56
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Chapter One: Introduction

Transgender individuals frequently experience stigma and discrimination putting them at risk for psychological distress and psychopathology (Bockting, Miner, Swinburne-Romine, Hamilton, & Coleman, 2013; Bradford, Reisner, Honnold, & Xavier, 2013; Mizock & Mueser, 2014; Nuttbrock, Rosenblum, & Blumenstein, 2002; Walch, Ngamake, Francisco, Stitt, & Shingler, 2012). Social support has been found to mediate the relationship between discrimination and stigma, and psychological functioning and well-being (Brown, 2008; Graham, 2012; Larios, David, Gallo, Henrich, & Talavera, 2009). *Social support* is defined as the allocation of psychological and tangible resources with the intention of providing assistance to recipients in order to cope with stress (Cohen, 2004; Cohen & Willis, 1985).

Empirical studies on social support (Bowen et al., 2014; Davis, Saltzburg & Locke, 2009; Kostova, Caiata-Zufferey, & Schulz, 2014; Larios et al., 2009; Redman & Snape, 2006; Schmidt, Miles, & Welsh, 2011; Woodward, Misis, & Griffin, 2015; Wu & Pooler, 2014) have primarily focused on the experiences of cisgender individuals. *Cisgender* describes individuals whose assigned sex at birth is congruent with their gender identity (Budge, Adelson, & Howard, 2013). Mainstream psychology has primarily focused on the experiences of white, cisgender individuals (Clarke, Ellis, Peel, & Riggs, 2010). Even the field of lesbian, gay, bisexual, and transgender or LGBT psychology has neglected the experiences of transgender or “trans” individuals.

Transgender individuals either partially or completely dis-identify with their assigned birth sex or fall between or outside gender binary categories (Hines, 2007). Transgender is an umbrella term that refers to a spectrum of individuals including those who identify

as a gender other than their assigned sex, pre- and post-operative transsexuals, those who cross-dress, are intersex, or identify as gender queer (Carroll, Gilroy, & Ryan, 2002).

Female-affirmed transsexuals describe individuals assigned male at birth who identify as and often seek to transition to female. *Male-affirmed transsexuals* refer to individuals assigned female at birth who identify as and often seek to transition to male. Individuals who *cross-dress* present at least part time as a gender different from the one assigned to them at birth. *Gender queer* persons identify as a different gender or as somewhere between male and female (Beemyn & Rankin, 2011). Terms such as transgender, trans, and gender-variant persons or gender-nonconforming are often used interchangeably to describe this diverse community. The terms transgender and trans will also be used interchangeably throughout.

Western culture privileges cisgender individuals whose natal or biological sex aligns with their gender identity (Lev, 2004). *Gender identity* refers to one's innate sense of maleness or femaleness (Brown & Rounsley, 1996) which differs from one's sexual orientation. Gays, lesbians, and bisexuals may identify as transgender or cisgender. Conversely, transgender individuals may identify as gay, lesbian, bisexual, queer, or heterosexual. Individuals who identify as or exhibit a gender identity that does not coincide with their assigned birth sex often encounter societal stigma and discrimination (Lev, 2004) known as *transphobia* (Yarhouse & Carr, 2012). By definition, trans-identified persons do not adhere to society's strict gender binary and, therefore, are frequently stigmatized.

Experiences of transphobia have been repeatedly associated with increased psychological distress and psychopathology (Bith-Melander et al., 2010; Clements-Nolle,

Marx, & Katz, 2006; Melendez & Pinto, 2007). Trans individuals who report experiences of transphobia report higher incidences of depression, anxiety, and suicidality compared to cisgender counterparts (Clements-Nolle et al., 2006; Moody & Smith, 2013; Nuttbrock et al., 2002; Rotondi et al., 2011b). Transgender individuals are not inherently mentally ill; therefore increased psychological distress and psychopathology is the consequence of having to navigate a society that enforces the gender binary (Lev, 2004).

Transgender individuals reside in all settings, rural and urban alike, yet the experiences of rural trans individuals have been largely ignored (Clarke et al., 2010; Fassinger & Arseneau, 2007; Gray, 2009). Consequently, very little is known about the experiences of rural trans individuals (Coleman, Irwin, Wilson, & Miller, 2014; Fassinger & Arseneau, 2007; Fisher, Irwin, & Coleman, 2014; Fisher, Irwin, Coleman, McCarthy, & Chavez, 2011; Gray, 2009; Grossman, 2008; Horvath, Lantaffi, Swinburne-Romine, & Bocking, 2014; Oswald & Masciadrelli, 2008) including systems of social support (King & Dabelko-Schoeny, 2009; Leedy & Connolly, 2008; Pickett, 2010). Few researchers have examined the social support experiences of transgender individuals and those that have primarily focused on urban samples (Bith-Melander et al., 2010; Budge et al., 2013, 2012; Nuttbrock et al., 2002; Pinto, Melendez, & Spector, 2008).

To better understand the spectrum of trans experience, it is imperative to include the narratives of trans individuals in *all* social contexts. Transgender individuals in rural settings likely inhabit multiple marginalized identities. For over two centuries, Appalachians have been stereotyped as “degenerate, uncouth, and lazy,” and uneducated “hillbillies” (Harkins, 2004, p. 4). Central Appalachia, one sub-region of Appalachia, is

the poorest and most economically depressed region in the United States (Thorne, Tickameyer, & Thorne, 2004). A combination of negative stereotypes and extreme poverty can converge to create numerous challenges for trans-identified residents of Central Appalachia. As many as 10% of the U.S. population may identify as transgender (Ettner, 1999), therefore as many as 10% of Central Appalachia may identify as transgender individuals. This notable portion of Central Appalachia deserves greater attention.

Few published studies of trans-identified people have considered rurality and the strengths of this population (Oswald & Culton, 2003; Walinsky & Whitcomb, 2010). More strengths-based studies are needed (Moradi, Mohr, Worthington, & Fassinger, 2009). Strengths-based studies could highlight the myriad resources transgender individuals potentially draw upon externally and internally to better navigate stigmatizing environments. For example, accessing social support is a type of strength that might potentially buffer trans individuals from discrimination and stigma. Accessing social support may help promote psychosocial well-being. This area of inquiry would provide insight into how trans individuals in rural areas may flourish in areas that often lack a transgender community and transgender-specific resources.

Instead of strengths, researchers in transgender psychology have usually focused on the negative experiences of transgender individuals living in urban areas (Feldman, 2014; Galupo, Henise, & Davis, 2014; Gamarel, Reisner, Laurenceau, Nemoto, & Operario, 2014; Grossman & D'Augelli, 2007; Koken, Bimbi, & Parsons, 2009; Melendez & Pinto, 2007; Mizock & Mueser, 2014; Singh & McKleroy, 2011; Strain & Shuff, 2010; Xavier, Bobbin, & Singer, 2005). The vast majority of research studies have centered on

metropolitan areas such as Atlanta (Singh & McKleroy, 2011; Sjoberg, Walch, & Stanny, 2006; Strain & Shuff, 2010), Boston (Mizock & Mueser, 2014), Detroit (Graham et al., 2014), San Francisco (Flentje, Heck, & Sorenson, 2014; Gamarel et al., 2014; Nemoto, Operario, Keatley, & Villegas, 2004; Nemoto, Bödeker, & Iwamoto, 2011; Newfield, Hart, Dibble, & Kohler, 2006; Toomey, Ryan, Diaz, & Russell, 2010), and New York City (Grossman & D'Augelli, 2007; Koken et al., 2009; Melendez & Pinto, 2007).

Social context shapes gender identity (Gray, 2009), therefore other settings where trans-identified persons live, including rural settings, warrant greater empirical attention.

Rural settings are frequently described in LGBT empirical studies as noxious, isolated places for trans individuals to reside (Addis, Davies, Greene, MacBride-Stewart, & Shepherd, 2009; Eady, Dobinson, & Ross, 2011; Mollon, 2012; Poon & Sacwye, 2009; Turell, Hermann, Hollander, & Galletley, 2012; Yarborough, 2004). Rural LGB life has been depicted as wracked with loneliness and little life satisfaction (Fokkema & Kuyper, 2009). Other researchers have depicted rural areas as hostile with no sense of community for rural sexual and gender minorities (Drumheller & McQuay, 2010; King & Debelko-Schoeny, 2009; Willging, Salvador, & Kano, 2006).

In comparison, other researchers were unable to identify any significant differences in familial and friendship support between urban and non-urban LGBT individuals ($n=17$ rural trans participants) (Lee & Quam, 2013). In a rural LGBT study ($n=3$ rural trans participants), participants reported that the “best things” about rural life were their relationships with family and friends and the high quality of life that non-metropolitan areas afforded them (e.g., beautiful landscape and a higher standard of living) (Oswald & Culton, 2003). Questions still remain about trans-identified people who live in a rural

context. Even though a few researchers have examined rural trans experiences (Horvath et al., 2014; Oswald & Culton, 2003; Walinsky & Whitcomb, 2010), no known empirical studies have been conducted with trans individuals in Central Appalachia.

Social Support Can be a Strength and a Resource

Social support represents a strength in that it has been theorized to buffer the impact of psychological distress due to discrimination, stigma, and violence (Meyer, 2003; Moody & Smith, 2013; Oswald & Culton, 2003). However, in order for social support to act as a buffer between stigma and discrimination and psychological functioning, it must first be acquired. The more social support that is available, the less distress a person will often experience (Cohen, 2004; Noh & Kaspar, 2003). Accessing social support is a strength and is associated with psychological well-being and healthy development in the lives of cisgender (Cohen, 2004; Larios et al., 2009) and transgender individuals (Bith-Melander et al., 2010; Budge et al., 2012, 2013; Graham et. al., 2014; Nuttbrock et al., 2002; Pinto et al., 2008). A lack of social support has been associated with deficits in psychosocial well-being (Budge et al., 2012, 2013) including higher rates of anxiety, depression (Budge et al., 2013), and suicidality (Moody & Smith, 2013).

Ecological View of Transgender Social Support Experiences in Central Appalachia

Bronfenbrenner's (1977) ecological model facilitated the conceptualization of this study. The use of Bronfenbrenner's (1977) ecological model provided a corrective for the lack of consideration of the social context that persists in transgender psychology. Published studies are most frequently based on urban samples, yet researchers rarely if ever discuss how urban contexts potentially shape the findings. Interestingly, when a study is conducted in an urban area, the word "urban" is rarely used in the title or body of

the article unless researchers are comparing rural and urban contexts. Whereas, the word “rural” is nearly always located in the title or text of articles when rural trans samples are involved. The differential inclusion of rural and urban references in trans studies may inadvertently cast the rural as “other” and the urban as mainstream or “normal.”

Bronfenbrenner’s (1977) ecological model considers the potential impact of micro- and macrosystems on individual experience. According to Bronfenbrenner (1977), an individual is situated within multiple sub-systems or nested concentric circles of influence. Outer sub-systems influence or shape the sub-systems contained within. Outer sub-systems or macrosystems contain the values, messages, or characteristics of a given culture (Bronfenbrenner, 1977).

Culture refers to the behaviors and values deemed appropriate by a society or community, gender role expectations, and expressions of religiosity (Cole, 2006). Macrosystems (e.g., cultural messages) influence inner microsystems (e.g., social support experiences) (Bronfenbrenner, 1977). Bronfenbrenner’s (1977) socio-cultural model highlights the interaction between influential cultural messages and social support experiences within the social context of Central Appalachia. Examination of this interplay between microsystems and macrosystems, and within microsystems (e.g., social support interactions), guided the development of the interview protocol for this study.

In addition, I used a conditional matrix, an important tool in systematic grounded theory (Strauss & Corbin, 1990, 1998). A conditional matrix (explained in greater detail on page 58) is rooted in ecological theory and guided the examination of the interaction between macrosystems (e.g., cultural values) and microsystems (e.g., social support experiences). Bronfenbrenner’s (1977) ecological model used in conjunction with

Strauss and Corbin's (1990, 1998) conditional matrix provided a solid framework for exploring and understanding the social context as it related to transgender social support experiences. A visual representation of the conditional matrix used in the analysis process is referenced in Chapter 4 and included in the appendices.

Central Appalachia. Central Appalachia differs from mainstream America. The region has a unique subculture known for its political and religious conservatism, traditional gender role norms, isolated geography, poverty, and emphases on kinship, communality, mutual respect, hospitality, loyalty, individualism, commitment and dedication to hard work, militaristic attitudes (i.e., experience with firearms), a sense of pride, and a distrust of outsiders and institutions (Coyne, Demian-Popescu, & Friend, 2006; Latimer & Oberhauser, 2005; Tang & Russ, 2007). However, it is important to note that these characteristics should not be over-generalized or assumed to apply to everyone.

Within the literature, cultural values related to kinship, communality, and individualism are often overshadowed by other cultural values related to high religiosity and conservatism (Willging et al., 2006; Drumheller & McQuay, 2010; King & Debelko-Schoeny, 2009). Rural settings are often characterized as homophobic and transphobic (Clark et al., 2010). I wondered what Central Appalachian trans individuals might say about their experiences in their families and communities. Therefore, I conducted in-depth interviews that included a diverse sample of trans individuals (e.g., age, gender identity, socioeconomic status, and geography) who described experiences of support they had received in Central Appalachia.

Generally, researchers depict urban areas as more progressive and accepting while rural areas are often presented as confining and hostile places for gender variant individuals (Boulden, 2001; Lee & Quam, 2013). For example, an empirical study conducted by Lee and Quam (2013) compared the experiences of rural ($n=172$) and urban ($n=518$) LGBT adults. The researchers noted that rural LGBT adults reported more loneliness and reduced levels of life satisfaction compared to urban LGBT adults. They also initially claimed that there were statistically significant differences in support from biological families and the amount of close friends that were reported by rural versus urban LGBT adults. However, post hoc analyses showed that no significant differences existed in either case.

Even though the inclusion of 17 rural trans participants in Lee and Quam's study (2013) is laudable, comparisons were not made based on the sexual and gender identity of the participants. The experiences of cisgender LGB individuals was not compared to trans participants. Rather research findings were consolidated under the LGBT umbrella which prevented a specific exploration of rural trans experiences. Additionally, results may have been skewed by the use of online surveys for data collection. While rural individuals may embrace the internet, many may not have readily available access to the internet (Bell, Reddy, & Rainie, 2004).

In an earlier study, Boulden (2001) asserted that sexual and gender minorities have to conform to the confining standards of rural areas that are not tolerant of sexual diversity, are viewed as "outsiders," and must remain closeted if they wish to stay. In contrast, Harowski, Turner, LeVine, Schank, and Leichter (2006) reviewed articles pertaining to rural life and highlighted the tight social networks found in rural areas that have been

shown to foster psychosocial well-being in ways that differ from urban communities. Similarly, Oswald and Culton (2003) found that rural contexts can foster supportive climates and nurture strong relationships for LGBT individuals. Rural contexts are cast in a variety of ways, negative and positive. Understanding the social support experiences of trans individuals in a social context like Central Appalachia helps contribute to the picture of trans experiences beyond these extremes.

In sum, little is known about transgender life outside of large cities. The handful of rural trans studies that were located were primarily conducted in the Midwest (Drumheller & McQuay, 2010; Oswald & Culton, 2003; Turell et al., 2012; Walinsky & Whitcomb, 2010; Willging et al., 2006). It is imperative that researchers examine how Central Appalachian culture potentially shapes trans experiences, without either projecting stereotypes onto this culture or assuming that life is difficult for all trans individuals who live there. Assumptions should be suspended until more data are collected from trans individuals. To date, no Central Appalachian transgender studies were located in the published literature.

Contributions to Counseling Psychology Research and Practice

Examining the social support experiences of transgender individuals in rural Central Appalachia is consistent with important themes and core values in counseling psychology related to diversity, personal strengths and resilience, healthy development, holistic frame of reference, and growth and development across the lifespan (Gelso & Fretz, 1991; Howard, 1992; Packard, 2009). The research question, “What are the social support experiences of transgender individuals in Central Appalachia?” was motivated by the lack of research on this population and by my professional identity as a counseling

psychologist who values strengths-based, holistic, and contextual approaches to research and practice. The dual emphases on rural trans-identified persons and their ability to access social support honors these core themes and values central to the field of counseling psychology. The findings shed light on the intersection of rural and trans identities in the unexplored cultural context of Central Appalachia. The findings from this study can also inform the interventions of psychologists, health professionals, and other service providers working with rural trans clients.

A major aim of the research study was to inform the therapeutic interventions of psychologists and helping professionals working with trans-identified clients in rural settings. According to Walinsky and Whitcomb (2010), counselors who work with rural trans clients may lack sufficient information regarding the unique needs of this population. Few studies are available to inform clinicians.

Counseling Psychology prioritizes issues of social justice in research and practice. Transgender identity is stigmatized (Lev, 2004) as is Appalachian identity (Lewis, 2002; Lewis & Billings, 1997). This particular intersection of identities represents an underserved population for whom we have only a small (but growing) knowledge base. Social support has been shown to be effective in enhancing the psychosocial well-being of trans individuals who inhabit multiple marginalizations (Graham et al., 2014).

The following sections detail the elements of my dissertation research study beginning with a review of the pertinent literature in transgender psychology. Chapter two reviews the literature on transgender psychology related to strengths and rural contexts. Strengths-based research includes positive trans identity (Riggle, Rostosky, McCants, & Pascale-Hague, 2011), resilience (Singh & McKleroy, 2011), well-being (Erich,

Tittsworth, & Kersten, 2010; Graham et al., 2014; Walinsky & Whitcomb, 2010), and social support (Budge et al., 2013; Erich, Tittsworth, Dykes, & Cabuses, 2008; Golub, Walker, Longmire-Avital, Bimbi, & Parsons, 2010; Graham et al., 2014).

Chapter three details the research design and methodology of the research study. Greater elaboration on the appropriateness of qualitative methodology and specifically, the decision to utilize systematic grounded theory is provided. Information on participant recruitment, measures and materials, data collection, data management, and data analysis is also included. Strengths and limitations of the study are detailed. Strengths of the study included the emphases on trustworthiness (Morrow, Casteñada-Sound, & Abrams, 2012), member checks (Kopala & Suzuki, 1999), and verification (Berg, 2001). Chapter four contains the research results from the dissertation study followed by a discussion of the results in Chapter five. The next chapter contains a review of the social support, rural transgender, and strengths-based empirical studies.

Chapter Two: Literature Review

A review of the empirical literature in transgender psychology reveals an over-emphasis on the negative experiences of urban trans-identified persons. Gaps remain in terms of strengths-based (Moradi et al., 2009) and rural trans research (Clarke et al., 2010; Fassinger & Arseneau, 2007). Social support represents a strength in that it has been shown to buffer against the effects of stigma and discrimination and psychological well-being (Graham et al., 2014; Meyer, 1995, 2003; Moody & Smith, 2013). The social support experiences of trans individuals have been overlooked and rural trans experiences in Central Appalachia are completely absent. Thus, an examination of the social support experiences of trans individuals in Central Appalachia is needed. This study addressed gaps related to rural trans experiences.

The literature review involved a search of *PsychInfo* and EBSCOhost search engines for literature from the years 2003-2015. Combinations of keywords included: *transgender, rural, social support, Central Appalachia, and well-being*, yielding 356 peer-reviewed empirical articles. This count does not include dissertations/ theses, articles that focused primarily on the experiences of non-transgender sexual minorities, validation studies of transgender-specific measurements and instruments, and studies conducted outside of North America. Thematic and conceptual articles were not included in the 356 articles, but are referenced in this document. The remaining empirical articles were grouped into categories of transgender experiences in general, transgender experiences of social support, and trans rurality.

The vast majority of the articles, 334 out of 356, focused on the negative experiences of urban transgender individuals (e.g., Clements-Nolle et al., 2006; Feldman, 2014;

Gamarel et al., 2014; Grossman & D'Augelli, 2007; Kenagy & Bostwick, 2005; Koken et al., 2009; Melendez & Pinto, 2007; Mizock & Mueser, 2014; Nemoto et al., 2004, 2011; Newfield et al., 2006; Sjoberg et al., 2006; Strain & Shuff, 2010; Toomey et al., 2010). Some of these focused on gender-related abuse (e.g., Bazargan & Galvan, 2012; Bocking et al., 2013; Bradford et al., 2013; Grossman & D'Augelli, 2007; Kenagy & Bostwick, 2005; Koken et al., 2009; Nuttbrock et al., 2010; Walch et al., 2012) including microaggressions (Galupo et al., 2014). Another group of studies focused on HIV exposure (e.g., Feldman, 2014; Fletcher, Kisler, & Reback, 2014; Kenagy & Bostwick, 2005; Kosenko, 2011; Melendez & Pinto, 2007; Nemoto et al., 2004).

Overview

Thirty-four out of 356 empirical articles mention social support in the lives of transgender individuals (Bith-Melander et al., 2010; Budge et al., 2012; Budge et al., 2013; Brewster, Velez, DeBlaere, & Moradi, 2012; Liu & Mustanski, 2013; Graham et al., 2014; Lee & Quam, 2013; Meier, Sharp, Michonski, Babcock, & Fitzgerald, 2013; Moody & Smith, 2013; Riggle et al., 2011; Singh & McKleroy, 2011; Wilson, Iverson, Garofalo, & Belzer 2012). Of the 34 empirical articles, one article focused on vocational experiences (Brewster et al., 2012), eight articles focused on psychopathology (Clements-Nolle et al., 2006; Grossman & D'Augelli, 2007; Moody & Smith, 2013; Mustanski & Liu, 2013; Nuttbrock et al., 2002; Rotondi, Bauer, Travers, Scanlon, & Kaay, 2011a, 2011b; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010), four articles focused on individual transphobic experiences (Galupo et al., 2014; Koken et al., 2009; Mizock & Mueser, 2014; Nemoto et al., 2011), one article focused on institutional transphobic experiences (Levitt et al., 2009), four articles focused on identity development (Bocking,

Brenner, & Coleman, 2009; Budge et al., 2012), and five articles focused on risky sexual behavior (Bith-Melander et al., 2010; Feldman, 2014; Fletcher et al., 2014; Pinto et al., 2008; Wilson et al., 2012). Psychiatric distress and transphobia were the most commonly examined areas.

Of the eleven remaining empirical articles that focused on social support experiences, two of the articles focused on the experiences of sexual and gender minorities (Davis et al., 2009; Schmidt et al., 2011). However, trans participants comprised six percent or less of each sample in these two studies. Gay and lesbian respondents made up the greatest portion of the two samples. In addition, one empirical article examined positive trans identity (Riggle et al., 2011), one examined resilience (Singh & McKleroy, 2011), three examined trans well-being (Erich et al., 2010; Graham et al., 2014; Walinsky & Whitcomb, 2010), one examined collective self esteem (Sanchez & Vilain, 2009), one focused on both well-being and social support (Erich et al., 2008), and three focused more on social support (Budge et al., 2013; Golub et al., 2010; Meier et al., 2013).

In terms of trans rurality, 20 empirical articles were located (Fisher et al., 2011; Horvath et al., 2014; King & Debelko-Schoeny, 2009; Turell et al., 2012; Walinsky & Whitcomb, 2010; Whiting, Boone, & Cohn, 2012; Willging et al., 2006), however the majority focused on the experiences of rural LGBT individuals. Several studies did not offer much information on the experiences of gender variant participants or in some cases did not report the number of trans participants in the study. Nearly all of these studies focused on negative consequences of rural life including loneliness and isolation (Fisher et al., 2011; Horvath et al., 2014; King & Debelko-Schoeny, 2009; Leedy & Connolly, 2008; Pickett, 2010) and suicidality (Hirsch, 2006; Irwin, Coleman, Fisher, & Marasco,

2014; Kessler, Berghund, Borges, Nock, & Wang, 2005). One study (Oswald & Culton, 2003) provided a more balanced view of the positive and negative aspects of rural life for an LGBT sample ($n=17$ trans-identified participants).

Only one empirical study out of these 20 focused solely on a sample of trans-identified people in a rural context (Walinsky & Whitcomb, 2010). In the following sections, I review the studies that I located in the search described above. First, I review the studies related to social support. Then, I review the studies related to the rural context. Finally, I review the literature on the strengths and resilience of trans individuals. I conclude the chapter with the strengths and limitations of the published literature on these areas and the need for the current study which addresses some of these gaps.

Social Support

In the psychosocial literature, social support is associated with psychological well-being and promotion of adaptive coping (Cohen, 2004; Finch, Kolody, & Vega, 2000; Noh & Kaspar, 2003; Redman & Snape, 2006). Social support has also been shown to be important in the lives of trans-identified persons (Budge et al., 2012; Budge et al., 2013; Erich et al., 2008; Erich et al., 2010; Golub et al., 2010; Graham et al., 2014; Meier et al., 2013). The two main types of social support in the social support literature are instrumental support and emotional support. In some studies, researchers define instrumental support in terms of action. Lending money, giving advice, and the provision of affection or comfort are examples of these actions. Researchers frequently define emotional support as sharing personal feelings and thoughts and providing security, belonging, and affection (Finch, Hummer, Kolody, & Vega, 2001; Finch et al., 2000).

Another type of support, affirmation for one's gender identity, is unique to the transgender literature. A few empirical studies have explored the influence of identity affirmation on trans well-being (Davey, Bouman, Arcelus, & Meyer, 2014; Nuttbrock et al., 2002; Rotondi et al., 2011b). Identity support may also take other forms that have not been adequately highlighted in the transgender literature such as the use of preferred names and appropriate pronouns. Social support is often conceptualized using a global measure rather than assessing different types of support.

The 34 empirical articles that examined social support in the lives of transgender individuals produced the following findings. First, social support is consistently linked to trans psychosocial well-being regardless of increased social vulnerabilities (Bith-Melander et al., 2010; Erich et al., 2008; Erich et al., 2010; Golub et al., 2010; Graham et al., 2014; Nemoto et al., 2011; Pinto et al., 2008). Second, social support included affirmation for one's trans identity and is linked to decreased depression (Davey et al., 2014; Meier et al., 2013; Nuttbrock et al., 2002; Rotondi et al., 2011b) and increased resilience (Singh & McKleroy, 2011).

Third, a *lack* of social support is related to emotional hardship and avoidant coping (Budge et al., 2012; Budge et al., 2013; Moody & Smith, 2013; Nemoto et al., 2011). Fourth, transgender communities are an important source of support for many trans individuals (Bith-Melander et al., 2010; Bockting et al., 2009; Budge et al., 2012; Budge et al., 2013; Graham et al., 2014; Pinto et al., 2008; Sánchez & Vilain, 2009; Singh & McKleroy, 2011). Finally, even minimal social support from a significant other (i.e., romantic partner, parent, or close family member) can sometimes compensate for an

overall lack of support from others (Koken et al., 2009; Meier et al., 2013; Wilson et al., 2012). Next, I review these studies in more detail.

Social support in vulnerable transgender populations. Social support has been associated with enhanced well-being in trans individuals regardless of multiple marginalizations (Bith-Melander et al., 2010; Golub et al., 2010; Graham et al., 2014; Nemoto et al., 2011; Pinto et al., 2008). Empirical studies have pointed to the buffering effect social support seems to have on experiences of stigma and discrimination in the lives of trans racial/ethnic minorities (Graham, 2012; Nemoto et al., 2011). Racial/ethnic minorities who are also transgender reflect multiple identities that may incur stigma and discrimination. Similarly, individuals who are transgender and Central Appalachian also inhabit multiple marginalizations which may expose them to increased stigma and discrimination. The following studies highlight the role social support may play in buffering the effects of stigma and discrimination on psychological well-being in those who have multiple marginalized identities.

Bith-Melander and colleagues (2010) analyzed the experiences of 43 female-affirmed trans individuals of color. The ethnographic study consisted of 20 in-depth interviews and four focus groups conducted with African American and Asian/Pacific Island (A/PI) individuals via snowball sampling and referrals from non-profit agencies serving transgender individuals. Regardless of social vulnerabilities connected to racism, lower socioeconomic status, and experiences of transphobia, trans participants who perceived they got adequate social support also tended to report “remarkable creativity and resilience” (p. 218).

Similarly, researchers in two other studies (Golub et al., 2010; Nemoto et al., 2011) who examined the experiences of transgender sex workers in urban areas reported that social support was related to a decreased tendency to engage in risky sexual behavior. A survey (Golub et al., 2010) was conducted in New York City and in Northern New Jersey with female-affirmed African American and Latina transgender sex workers ($N=75$). Researchers used the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet, & Farley, 1988) and measured social support from three sources, family friends, and significant others. Participants who reported higher levels of social support and engaged in religious behaviors were less likely to engage in unprotected anal sex.

Pinto, Melendez, and Spector (2008) conducted interviews with 20 minority female-affirmed trans individuals of color in New York City who were connected with a community clinic for low income individuals. Researchers explored themes related to social support in the participant narratives and analyzed the data via grounded theory methodology (Charmaz, 2000). Findings revealed that the African American and Latina participants reported high rates of HIV/AIDS, addiction to drugs and alcohol, and lacked health care. However, social support provided by other transwomen and/or friends and family seemed to enhance the participants' ability to cope with these issues.

A study conducted by Erich and colleagues (2010) looked at social networks among other factors in a sample ($N=108$) of transsexual participants. They found that even though transsexuals of color ($n=45$) reported more societal obstacles (i.e., less education, poorer health insurance), they also reported stronger social networks compared to white

transsexual participants ($n=63$) and higher rates of well-being than white trans participants.

Nemoto and colleagues (2011) conducted an empirical study with 573 trans-identified participants. The researchers examined self-reported exposure to violence, harassment, experiences of transphobia, social support, and depression. Social support was assessed using a modified social support scale (Barrera, 1981; Nemoto, 1998) which assessed the needs for five different types of social support. The five different types of support were not separately analyzed, but rather were summed as global support. The modified social support scale was also used to measure the frequency of receiving support from transgender friends, family, and cisgender friends during the past 30 days as well as satisfaction with any social support they received. Research findings indicated that social support was related to less depression and suicidal ideation and was also associated with less perceived transphobia.

Notably, the findings from the empirical studies described in this section were based on the experiences of female-affirmed, racial minority trans sex workers (Bith-Melander et al., 2010; Golub et al., 2010; Nemoto et al., 2011) or clinical samples of female-affirmed racial minority trans participants in urban locations (Pinto et al., 2008). Consequently, findings may not apply to non-clinical, non-sex worker, male-affirmed, Caucasian, and/or rural trans populations. The current study examined the experiences of non-sex worker, Caucasian, male- and female-affirmed trans individuals from Central Appalachia.

Identity affirmation as a form of social support. Affirmation of one's trans identity by others is frequently associated with decreased depressive symptomology and

suicidality (Nuttbrock et al., 2002; Rotondi et al., 2011b) and increased resilience (Singh & McKleroy, 2011). Nuttbrock, Rosenblum, and Blumenstein (2002) conducted a survey study in New York City with female-affirmed sex workers ($N=571$) ages 19-59. They used the Mini International Neuropsychiatric Interview (Sheehan et al., 1998) to assess depressive symptomology and the Life Review of Transgender Experiences they developed to gauge identity support. The urban trans sample was made up of Latina (43.9%), Caucasian (26.8%), and African American (7.6%) respondents (Nuttbrock et al., 2002).

Trans participants frequently reported extremely high levels of lifetime psychiatric distress including depression, suicidal ideation, and a history of suicidal attempts. However, respondents reported significantly lower levels of depressive symptoms when they received identity support or affirmation from friends and family (Nuttbrock et al., 2002). This cross-sectional survey was conducted in the metropolitan New York City area with female-affirmed participants affiliated with transgender-related organizations. The demographics of this study are quite specific and likely would not transfer to male-affirmed trans individuals, rural trans individuals, and/or individuals not affiliated with these particular transgender organizations.

Meier and colleagues (2013) examined the social support experiences of 593 male-affirmed individuals via an online survey. Depressive and anxiety symptoms (Depression, Anxiety Stress Scales; DASS) (Lovibond & Lovibond, 1995) and perceived social support (MSPSS) (Zimet et al., 1988) were measured. Participants in romantic relationships reported fewer depressive symptoms than single participants. Also, participants who reported perceived support for their identities as transmen reported

fewer anxiety and depressive symptoms. Results indicate that perceived support for one's identity appears to alleviate distress. Notably, the male-affirmed participants were recruited from support groups. These participants may report higher levels of support than the general trans population or female-affirmed individuals.

However, researchers (Rotondi et al., 2011b) demonstrated similar findings with 191 female-affirmed participants in Ontario, Canada where high levels of identity support were associated with less depression. Rotondi and colleagues (2011b) administered the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977) and the 19 item Medical Outcomes social support survey (MOS) (Sherbourne & Stewart, 1991) to participants. The MOS (Sherbourne & Stewart, 1991) was used to measure tangible, affectionate, positive interactions, and emotional/informational dimensions of support (Sherbourne & Stewart, 1991).

Identity support was defined as support for one's gender identity or expression from sources of support that included parents, friends, and co-workers. Each metric ranged from 1 (*not at all supportive*) to 5 (*very supportive*) and scores were averaged across completed items for actual or expected experiences of identity support (Sherbourne & Stewart, 1991). Results indicated that trans participants who reported having supportive others who affirmed their trans identities also reported fewer depressive symptoms. In fact, social support was a marginally significant protective factor against depression (Rotondi et al., 2011b).

However, the same researchers (Rotondi et al., 2011) administered the MOS (Sherbourne & Stewart, 1991) to another trans sample composed of 205 male-affirmed trans individuals in Toronto, Canada. Depressive symptoms were assessed via the CES-

D. High levels of experiences of transphobia, abuse, and racism were also reported using the highly modified experiences of homophobia scale developed by Diaz, Ayala, Beine, Henne, and Marin (2001). The purpose of the study (Rotondi et al., 2011b) was to estimate the prevalence of depressive symptomatology among MTF Ontarians and to explore potential risk as well as protective factors. In this case, high levels of experiences of transphobia were associated with depressive symptoms *regardless* of levels of social support.

These findings appear to contradict the previous findings of their female-affirmed sample in that social support was not a significantly protective factor (Rotondi et al., 2011b). However, a comparison of the two samples shows that other differences, besides gender identity, existed. The male-affirmed trans sample reported high overall levels of experiences of transphobia coupled with inordinately high rates of psychopathology. Over sixty-six percent (66.4%) reported depression, nearly the same amount (65.7%) reported a history of childhood abuse, and 63% had been diagnosed with schizophrenia, borderline personality disorder, dissociative identity disorder, or anxiety disorders (Rotondi et al., 2011a). Few studies of male-affirmed individuals exist that provide the average incidence of psychopathology for this population, however, these rates are very high.

It is important to note that trans individuals are not inherently mentally ill (Lev, 2004). The Canadian sample (Rotondi et al., 2011b) may have included a high proportion of individuals who were, in fact, a clinical sample who reflected higher rates of psychopathology than a non-clinical population of male-affirmed individuals. Specifically, the notably high rates of Axis I and II diagnoses (e.g., schizophrenia,

borderline personality disorder, and dissociative identity disorder) seem more indicative of a clinical sample. However, the sample may have experienced extremely high levels of transphobia. If so, highly transphobic environments may lead to or exacerbate psychopathology and weaken the effectiveness of social support. The two empirical studies (Rotondi et al., 2011a, 2011b) differ in terms of female-affirmed versus male-affirmed trans identities, however, significant differences in findings may be more related to inordinately elevated rates of psychopathology and transphobia reported by male-affirmed participants.

Social support has been associated with resilience in trans individuals following traumatic events including transphobia (Singh & McKleroy, 2011). Singh and McKleroy (2011) examined the experiences of 11 female-affirmed trans individuals of color in Atlanta, Georgia. Two of the components related to resilience were navigating relationships with family and connecting to an active trans community of color. Social support following trauma was found to increase the inner resource of resilience. Relationships with family and the transgender community were related to the creation or the enhancement of resiliency following traumatic experiences. Trauma did not have to be related to trans identity in order for social support to be effective. Social support provided by significant others appeared to alleviate the effects of trauma by facilitating resiliency regardless of the etiology of the trauma.

Social support and psychological well-being. A lack of social support for transgender individuals is related to increased emotional distress and hardship (Nemoto et al., 2011) and avoidant coping (Budge et al., 2012; Budge et al., 2013). Nemoto, Bödeker, and Iwamoto (2011) explored the experiences of transphobia described by a sample of

573 urban female-affirmed transgender sex workers in San Francisco and Oakland, California. The researchers used modified social support (Barrera, 1981; Nemoto, 1998) and homophobia scales (Diaz et al., 2001).

However, the instruments used to assess transgender social support and transphobia were not normed on trans samples. Rather, the social support measures were based on samples of pregnant teenagers (Barrera, 1981) and elderly Japanese individuals residing in New York City (Nemoto, 1998). The rationale for utilizing these social support measures over other, more commonly used social support measures such as the MSPSS (Zimet et al., 1988) was not provided. Transphobia was assessed using a highly modified homophobia scale (Diaz et al., 2001). The modified social support and transphobia measures may not be as valid as transgender-specific measures or more commonly used social support measures. The social support dynamics of trans individuals may noticeably differ from those of pregnant teenagers and elderly urban Japanese participants.

According to study findings (Nemoto et al., 2011), social support was inversely correlated with perceptions of transphobia. This study was conducted with urban transgender sex workers who may be exposed to higher levels of transphobia than other trans individuals. Trans sex-workers may receive less social support due to their stigmatized status. Regardless of occupational status, however, an inverse relationship between social support and transphobia may apply to other transgender samples. If trans individuals perceive that they have a strong supportive network, they may also perceive less transphobia and vice versa.

A qualitative study conducted by Budge and colleagues (2012) was conducted with a sample ($N=18$) of trans-identified respondents in two metropolitan cities in the Midwest. Semi-structured interviews were collected from 15 female-affirmed and 3 male-affirmed trans individuals. Researchers utilized grounded theory to analyze interview data. A lack of support was perceived as an emotional hardship. Emotional hardship was conceptualized as negative emotions, a lack of control, hopeless future, worst time emotionally, negative feelings towards one's assigned sex, and suffering loss. In the study, trans participants described social support experiences as "powerful." Furthermore, participants who reported less support experienced negative emotions and participants who reported more support experienced positive emotions.

To follow up on the findings from her interview study, Budge and colleagues (2013) examined trans individuals' ($N=351$) anxiety and depression, transition status, and social support. Social support was assessed using the MSPSS (Zimet et al., 1988) and coping was assessed using the Ways of Coping (Revised) (WC-R; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Green, 1986). The Transgender Perception of Loss Scale (Budge et al., 2012) assessed loss related to employment, finances, housing, finances, healthcare, parents, siblings, romantic partners, children, and friends. The CES-D (Radloff, 1977) measured depression while anxiety was assessed using the Burns Anxiety Inventory (Burns, 1998). The instruments were posted online and trans respondents were recruited via e-mails and announcements on social networking sites.

Results from the study indicated that social support was negatively associated with the use of avoidant coping and incidences of anxiety and depressive symptoms. *Avoidant coping* occurs when a person tries to prevent an emotional response to a stressor.

Strategies of avoidance include minimizing the problem, avoiding behaviors or cognitions, over-drinking or overeating, or attempting to detach oneself from the results of a problem. A lack of social support was linked to a tendency to engage in avoidant coping as well as greater emotional distress and hardship (Budge et al., 2013).

Social support and transgender communities. Empirical studies have noted the importance of the transgender community as a vital source of support for many trans individuals (Bith-Melander et al., 2010; Bockting et al., 2009; Budge et al., 2012; Graham et al., 2014; Pinto et al., 2008; Sánchez & Vilain, 2009; Singh & McKleroy, 2011). According to trans participants ($N=20$) in a qualitative study by Pinto, Melendez, and Spector (2008), transgender communities provided opportunities for emotional bonding and connections and social unity among trans individuals. In a mixed methods study conducted by Sánchez and Vilain (2009), a racially (85% Caucasian) and SES (i.e., middle to upper SES) homogeneous trans sample ($N=53$) of conference attendees in Tucson, Arizona and San Jose, California were recruited. Trans participants reported lower levels of depressive and anxious symptomology when they were affiliated with a trans community (Sánchez & Vilain, 2009). In a previously described study (Singh & McKleroy, 2011), trans participants of color ($N=11$) reported greater resilience following traumatic events when they had access to a trans community of color.

In a recent study in metropolitan Detroit, researchers (Graham et al., 2014) interviewed 10 African American transwomen between the ages of 18 to 24, many of whom reported engaging in sex work. Researchers administered a life history interview within a community-based participatory framework and used a praxis based approach to highlight relationships between contexts, actions, and interpretations of life events. The

interviews were semi-structured. Results indicated that many of the participants who lacked familial support depended on communities of transwomen of color for much needed social support. Several participants described constructing a new kinship network with “father,” “mother,” and “sibling” designations. During gender transition, many participants reported a lack of support from their biological family and depended on trans communities to fill that void.

Again, findings based on young transwomen sex workers via a convenience (i.e., online social networking sites and word of mouth recruitment) sample may not transfer to other trans individuals. Within rural areas that lack trans communities, families may play a more integral role in the lives of trans individuals.

Trans communities are also important for trans individuals outside of the male- and female-affirmed binary. Trans communities provide support for trans individuals with more fluid identities and help increase comfort with their trans identity (Bockting et al., 2009). Fluid identities or non-binary trans identities are located along the spectrum between masculine and feminine identities. A mixed method study (Bockting et al., 2009) was conducted with post-surgical male-affirmed trans individuals ($N=25$). Ninety minute face-to-face and online interviews revealed that participants with fluid identities perceived that the trans community was able to fulfill a need for support (Bockting et al., 2009).

A racially heterogeneous trans sample ($N=42$) interviewed by Bith-Melander and colleagues (2010) reported that the trans community was an important source of support and guidance for many as they navigated gender transition. Connection to a trans community during different points of transition to one’s preferred gender identity was

also frequently reported by trans participants in another study by Budge and colleagues (2012). Trans respondents ($N=18$) in this study described the trans community as “invaluable” (p. 631). Support from the trans community was helpful in the phases of transition, especially in the last phase where one integrates and expresses one’s authentic or “true” trans identity. Social support from sources including the trans community was linked to positive emotions throughout the transition process (Budge et al., 2012).

In summary, the benefits of a connection to a trans community have been reported by trans participants along the spectrum of transgender identities including male-affirmed (Bockting et al., 2009; Budge et al., 2012), female-affirmed (Bith-Melander et al., 2010, Budge et al., 2012; Graham et al., 2014; Pinto et al., 2008; Sánchez & Vilain, 2009; Singh & McKleroy, 2011), and more fluid trans identities (Bockting et al., 2009). However, all of the empirical studies were conducted in urban locations (Bith-Melander et al., 2010; Bockting et al., 2009; Budge et al., 2012; Graham et al., 2014; Pinto et al., 2008; Sánchez & Vilain, 2009; Singh & McKleroy, 2011). Large numbers of transgender individuals or “out” transgender individuals may be hard to locate outside of urban areas. Rural regions are defined by their smaller populations (Rounds, 1988) and may not have a transgender community.

Minimal social support can be effective. Social support from only one or two significant others, especially close family members, seems to promote psychosocial well-being in the lives of trans individuals. Minimal social support can potentially buffer the effects of stigma (Koken et al., 2009) and discourage unhealthy sex practices (Wilson et al., 2012). In a qualitative study conducted by Koken and colleagues (2009), trans respondents ($N=20$) reported that having at least *one* supportive family member promoted

feelings of acceptance which seemed to buffer participants from stigma emanating from the social environment.

Qualitative interviews with trans participants ($N=21$) in another study revealed that those who received social support from at least one parent, often the mother, were more likely to report increased condom use and those without this support reported lower condom use (Wilson et al., 2012). Trans individuals' relationships with their mothers have not been widely explored. The role of mothers in the lives of rural trans individuals may be central. Relationships with immediate and extended family figures are important in Central Appalachia as is loyalty and mutual respect (Coyne et al., 2006; Tang & Russ, 2007). These cultural values may mean that family members are crucial to social support for trans-identified persons in Central Appalachia.

Rural Transgender Empirical Studies

Only one empirical study (Walinsky & Whitcomb, 2010) out of 356 was conducted solely with rural transgender participants and is described in greater detail in the following section on trans well-being. Another study by Horvath and colleagues (2014) included a comparison of rural and urban trans participants. Eighteen empirical studies (Drumheller & McQuay, 2010; Irwin, Coleman, Fisher, & Marasco, 2014; King & Debelko-Schoeny, 2009; Oswald & Culton, 2003; Turell et al., 2012; Whiting et al., 2012; Willging et al., 2006) referred to LGBT rural individuals, however, some of the samples included very small numbers of trans individuals or did not even report the number of trans individuals in the sample. For example, only two out of 62 participants identified as trans in a rural qualitative study by Whiting and colleagues (2012). In another study (Willging et al., 2006), only three out of 38 rural participants identified as trans. Findings

derived from studies with very few trans participants may not transfer well to other rural trans individuals.

In a comparison of rural and non-rural trans participants, Horvath and colleagues (2014) examined a sample ($N=1,096$) of rural ($n=305$) and non-rural ($n=791$) trans individuals from a wide geographic range. The studies were online and participants were recruited via banner advertisements on trans community websites. Participants were administered a Brief Symptom Inventory (BSI-18) (Derogatis, 1993) and the Rosenberg Self Esteem Scale (Crandal, 1973). Overall findings indicated significant differences in psychopathology between rural and non-rural transmen. Specifically, rural transmen reported significantly higher scores on the BSI Global Severity Index, the BSI somatization Scale, and the BSI depression scale. Rural transmen also reported significantly lower self esteem and increased anxiety scores than their non-rural counterparts. Rural transwomen reported higher somatization than non-rural transwomen, otherwise there no other significant differences between the two groups. Transwomen frequently reported high levels of unprotected sex.

A qualitative study conducted by Turell, Hermann, Hollander and Galletley (2012) via phone interviews with rural and urban LGBT individuals ($N=81$) found that trans individuals in rural areas reported feelings of isolation, especially from other trans individuals. However, the number of trans participants, urban or rural, was not provided. Therefore, it's difficult to estimate how common these experiences may be for trans individuals in rural areas. The researchers analyzed both rural and urban LGBT individuals and provided little detail about between or within group differences.

Moreover, sexual minority experiences were not separated from gender minority experiences and differences between urban and rural trans individuals were not discussed.

In sum, more studies that focus solely on or include sizable rural trans samples are needed in the empirical literature in transgender psychology. Also, research findings from the preceding empirical studies further indicate the need for culturally competent mental health services for rural trans individuals. My research study increased the knowledge on rural trans experiences which can enhance the cultural competence of mental health counselors working with trans clients in Central Appalachia.

Rural Midwest samples. Aside from online studies, empirical studies that have examined rural trans experiences have primarily taken place in the Midwest (Fisher et al., 2011; Walinsky & Whitcomb, 2010; Whiting et al, 2012; Willging et al., 2006). The Midwest does not represent all rural areas. According to Bronfenbrenner (1977), social context influences individual experiences. Rural contexts differ from each other and from urban contexts. Factors such as gender identity and development are shaped by environmental factors (Budge et al., 2012; Fassinger & Arseneau, 2007; Gray, 2009). Social support is another experience that could be shaped by the specific social context. Social support experiences, like gender development, are influenced by specific rural contexts other than the Midwest.

Aside from one study (Horvath et al., 2014) that was conducted online, the only rural trans empirical studies that took place outside of the Midwest were conducted by Coleman and colleagues (2014) in South Carolina and Whiting and colleagues (2012) in an undisclosed location. However, only nine out of 715 participants identified as trans in the former (Coleman et al., 2014) and only two out of 69 participants identified as trans

in the latter (Whiting et al., 2012). The exact location(s) of the study by Whiting and colleagues (2012) was not provided. The project may have taken place in areas proximal to the researchers' home base of Radford University in Virginia. Radford County is an independent county within the Appalachian region situated outside of Central Appalachia (Appalachian Regional Commission [ARC], 2004). Thus far, it would appear that no study has examined the social support experiences of trans individuals in Central Appalachia.

The few rural Midwest trans studies and the empirical study that likely took place outside of Central Appalachia with two trans participants cannot be assumed to transfer to trans individuals in Central Appalachia. An examination of Central Appalachia, and of the experiences of trans individuals who live in this area is long overdue. Transgender individuals are a diverse group, in part, due to cultural influences and geographic locations (Fassinger & Arseneau, 2007; Gray, 2009; Lev, 2004). These differences deserve greater attention in transgender psychology.

More studies are also needed in rural areas which often lack transgender-specific resources including a large transgender community. The majority of empirical researchers who have noted the benefits of social support including that of trans communities in the lives of transgender individuals obtained their data through online studies (Erich et al., 2008) and/or the use of urban trans samples (Budge et al., 2013; Davey et al., 2014; Erich et al., 2010; Graham et al., 2014; Koken et al., 2009; Nemoto et al., 2011; Pinto & Melendez, 2008; Strain & Shuff, 2010). Little is known about areas that lack trans communities or other trans-specific resources which could provide support. Therefore, an examination of transgender social support experiences in rural

Central Appalachia contributes to the rural and social support literature in transgender psychology.

Rural trans narratives would highlight within-group differences in terms of geography and gender identity. The subculture of an urban location differs from a rural location just as the rural Midwest differs from the subculture of Central Appalachia. Differences between social contexts exist, yet these differences can also be over-inflated. Binaries can come about when differences are inflated. Similar to gender binaries, social contexts (e.g., urban and rural) are often depicted as geographic binaries rather than as differences that exist along a spectrum. The spectrums of geography (e.g., rural) and gender identity (e.g., transgender) intersect, potentially creating a diversity of human experience.

More research is needed to highlight the intersection of gender identity and geography (Harowski et al., 2006). It is crucial that researchers consider contextual characteristics, yet resist a rigid, artificial urban-rural binary. Generalizations about the conservative nature of rural settings or the progressive nature of urban settings may be based on faulty assumptions that fail to capture the true nature of trans experiences in urban and rural regions. Researchers must also be mindful of the diversity of trans experience. Urban areas do not always appear to be wholly accepting of gender variance. Empirical studies have noted high levels of transphobia in urban settings (Nadal, Skolnik, & Wong, 2012; Sugano, Nemoto, & Operario, 2006; Tebbe & Moradi, 2012) which discredits this claim.

Strengths-Based Studies

Positivity, resilience, and social support are strengths that enhance the well-being and development of trans-identified persons. For example, concentrating on the positive aspects of one's trans identity may increase one's self efficacy in coping with societal

stigma. Social support has been associated with enhanced inner resources in trans individuals, particularly in terms of resilience and well-being (Graham et al., 2014; Moody & Smith, 2013; Riggle et al., 2011; Strain & Shuff, 2010). These strengths may facilitate the well-being of trans-identified persons.

Researchers in transgender psychology are increasingly conducting more strengths-based research in the areas of positive identity (Riggle et al., 2011), resilience (Singh & McKleroy, 2011), well-being (Erich et al., 2008; Walinsky & Whitcomb, 2010), and social support (Budge et al., 2013; Graham et al., 2014; Meier et al., 2013), and appear to realize that negative experiences (e.g., psychopathology and transphobia) are not the entirety of transgender life. However, strengths-based research remains a small percentage compared to the voluminous body of literature pertaining to the negative aspects of transgender identity.

Only 22 out of 356 empirical studies examined positive identity (Riggle et al., 2011), resilience (Singh & McKleroy, 2011), well-being (Erich et al., 2010; Walinsky & Whitcomb, 2010), collective self esteem (Sanchez & Vilain, 2009), and social support (Budge et al., 2013; Erich et al., 2008; Golub et al., 2010; Graham et al., 2014; Meier et al., 2013). All 22 studies have been conducted since 2009 and may indicate a promising trend in transgender psychology with greater attention being given to strengths-based research.

Positivity. A sample of trans participants ($N=61$) in an online qualitative study reported eight positive aspects related to transgender identification (Riggle et al., 2011). Participants were recruited through e-mail announcements and listservs that targeted the transgender community. Transgender participants were asked to describe positive

aspects related to their transgender identity. Data were analyzed using thematic analyses based on grounded theory. Eight overall themes emerged related to the positive aspects of a transgender self-identification and included: congruency of self, personal growth and resiliency, enhanced personal relationships, increased empathy, increased activism, living beyond the sex binary, and connection to the gay, lesbian, bisexual, transgender, and queer or GLBTQ communities.

Only 10% of the sample stated that there were no positive aspects of being trans or that there were “only difficulties” (p. 3). The overwhelming majority of 90% of respondents listed positive aspects of their trans identity. One in six trans participants reported that they experienced stronger interpersonal connections with family and friends when participants felt that their loved ones accepted their transgender identity (Riggle et al., 2011).

A limitation of the sample was that the majority had graduated college and/or possessed advanced degrees (56%), and specific demographics in terms of the geographic locations of participants were not provided. Based on the socio-contextual model (Bronfenbrenner, 1977), socioeconomic and geographic demographics influence experiences pertaining to support in interpersonal relationships. The findings from this study suggest that trans individuals have supportive relationships and these experiences need further exploration, which is the purpose of this research study. Perhaps in Central Appalachia (Latimer & Oberhauser, 2005) where communal values are central, trans individuals who experience acceptance of their trans identity may also perceive that they have social support that contributes to their well-being.

Resilience. Trans individuals commonly report that resilience is an important resource and strength. Resilience is frequently framed as the ability to “bounce back” after experiencing adversity (Hartling, 2004). In the previous study, trans participants described increased resilience as a positive aspect of being trans (Riggle et al., 2011). Resilience was also the primary focus of a smaller trans community study ($N=11$) in Atlanta, Georgia conducted by Singh and McKleroy (2011). The qualitative study was strengths-based and utilized a feminist approach to understand the resilience a transgender individual of color uses to cope with traumatic events. Researchers recruited trans participants through transgender listservs and transgender organizations for individuals of color. A phenomenological interview framework (Siedman, 1998) was used to examine trans participants’ experiences of resilience following traumatic life events (e.g., child sexual abuse, hate crimes, and/or intimate partner violence) as transgender individuals of color.

Trans participants reported that resilience often developed following traumatic events when resources, such as social support, were available. Social support provided by families and connection to a transgender community was associated with increased resilience. Regardless of the etiology of the trauma, resilience often emerged when participants had contact with supportive others. The researchers did not specifically ask about types of social support. Knowing the specific types of support and their frequencies or importance in terms of resilience would be helpful. This particular study was also conducted in a major metropolitan city in the southeast that includes an active transgender community. Rural trans individuals, similar to transwomen of color, inhabit multiple marginalized identities, and would also likely benefit from social support to

enhance resilience. Unlike the participants in this study by Singh & McKleroy (2010) Central Appalachian trans individuals do not have comparable local transgender-specific resources, thus making familial and non-familial social support even more crucial.

Singh and McKleroy (2011) analyzed the intersectionality of transgender identity and racial/ethnic identity. This intersection of identities was examined through research questions like, “What does it mean for you to be an African-American transgender person of color who has experienced traumatic events?” Prior to data collection, Singh and McKleroy (2011) utilized bracketing or reflexive journaling (Strauss & Corbin, 2008) to record any biases related to the population under examination. Other studies (Graham, 2012; Graham et al., 2014; Nemoto et al., 2011) suggest that social support buffers the impact of adversities in the lives of transwomen who inhabit multiple marginalized identities. Experiences may differ for transmen or trans individuals residing in smaller locales. These studies provide evidence for the important role of social support for trans individuals who inhabit multiple marginalized identities.

Well-being. Well-being is another area of strengths-based research in transgender psychology. Two empirical studies, one qualitative (Walinsky & Whitcomb, 2010) and one mixed methods study (Erich et al., 2010) examined trans well-being. Erich, Tittsworth, and Kersten (2010) conducted an empirical online study with female-affirmed transsexuals of color ($n=45$). Researchers compared personal well-being and support networks reported by transsexuals of color and their white counterparts ($n=63$). Transgender well-being was conceptualized as life satisfaction and self-esteem. The researchers examined personal well-being, the quality of support networks, and the influence of support networks on well-being (i.e., self-esteem and satisfaction). The

construct of life satisfaction was measured with the Satisfaction with Life Scale (Diener, Emmons, Larson, & Griffin, 1985) and self-esteem was assessed using the Index of Self Esteem (Hudson, 1982).

Findings suggest that even though transgender individuals of color had less education, lower incomes, and poorer health insurance, participants still reported significantly better social support and well-being than white transgender participants. This study again demonstrates the relation of social support to trans well-being. Even though the trans participants of color experienced numerous obstacles, the presence of social support was still associated with higher well-being scores. This particular finding informed my dissertation study. In addition to obstacles related to being trans, trans-identified persons in Central Appalachia would likely experience economic challenges and perhaps workplace discrimination. According to the Appalachian Regional Commission (2004), Central Appalachia is the poorest region in the United States. Their social support experiences, however, may compensate for these disadvantages.

The other strengths-based qualitative research study analyzed rural trans well-being (Walinsky & Whitcomb, 2010). Walinsky and Whitcomb (2010) created a rural trans multilevel model of well-being based on interviews and focus groups. The multi-level model of trans well-being was composed of factors including vocational experiences, coming out, internal acceptance and acceptance from others, and identifying as a specific gender identity, static or fluid. Social support and acceptance from others figured prominently in perceived well-being. Trans participants who reported acceptance from others tended to describe higher levels of satisfaction and well-being. However, it is important to note that the model was based upon a small sample of seven trans

individuals who regularly attended a specific support group in the Midwest. Six of the seven participants were biological male cross-dressers (Walinsky & Whitcomb, 2010).

Individuals who cross-dress are located on the transgender spectrum (Beemyn & Rankin, 2011), however, cross-dressing is often more transient in nature, expressed only in private or within certain settings such as gay and lesbian bars (Hines, 2007; Lorber, 1994). In contrast, the term transgender usually refers to individuals who wish to be perceived as the gender identity they identify with on a more full-time basis. Experiences described by individuals who cross-dress on a part-time basis may be different from the experiences of male- and female-affirmed trans-identified persons. As with any specific transgender identity, similar experiences may not be reported by individuals with other diverse transgender identities (e.g., male- and female-affirmed, transsexual, etc.) (Lorber, 1994). The current study focused on the experiences of participants who identified as either male- or female-affirmed. Individuals who cross-dressed were not included.

Social support was mentioned in all of the above mentioned articles highlighting positive trans identity (Riggle et al., 2011), resilience (Singh & McKleroy, 2011), and well-being (Erich et al., 2010; Walinsky & Whitcomb, 2010). Researchers appear to be focusing more on social support in the lives of trans individuals. However, much remains to be done.

Summary

Social support for transgender individuals is associated with less distress and higher psychosocial well-being (Budge et al., 2012; Budge et al., 2013; Davey et al., 2014; Erich et al. 2008, 2010; Moody & Smith, 2013). Whether the support originates from the trans community (Graham et al., 2014; Sánchez & Vilain, 2009) or from a close family or

parent (Koken et al., 2009; Wilson et al., 2012), benefits can still arise. Social support from the trans community may involve identity affirmation (Nuttbrock et al., 2002), social cohesion, and guidance (Pinto et al., 2008; Sánchez & Vilain, 2009). Social support can facilitate gender transition (Budge et al., 2012; Graham et al., 2014). Support from even one close family member or parent can help buffer the effects of stigma (Koken et al., 2009) and is related to healthier sexual behavior (Wilson et al., 2012). Social support is related to feelings of acceptance (Koken et al., 2009), positive emotions (Budge et al., 2012), and decreased psychological distress in trans individuals (Davey et al., 2014; Moody & Smith, 2013; Nuttbrock et al., 2002; Rotondi et al., 2011b).

Conversely, a lack of social support for trans individuals is associated with emotional hardship (Budge et al., 2012; Moody & Smith, 2013) and risky sexual behavior (Pinto et al., 2008; Wilson et al., 2012). The benefits of social support can apply regardless of gender identity (Bith-Melander et al., 2010; Bockting et al., 2009; Budge et al., 2012; Pinto et al., 2008; Sánchez & Vilain, 2009), race/ethnicity (Bith-Melander et al., 2010; Graham et al., 2014; Erich et al., 2010; Koken et al., 2009; Nemoto et al., 2011), and socioeconomic status (Sánchez & Vilain, 2009; Singh & McKleroy, 2011). However, all of these studies were conducted with urban trans samples. Little research exists in terms of trans experiences of social support in rural areas.

Strengths. A methodological strength in the literature reviewed in this chapter is the use of qualitative methodology to conduct strengths-based research in transgender psychology. Qualitative methodology is important when exploring little known phenomena (Creswell, 2007; Miles & Huberman, 1994). Qualitative methods are most appropriate when examining the experiences of small transgender populations in sparsely

populated areas and whose narratives provide rich data (Morrow, 2007). Qualitative methods emphasize the use of narratives to guide data collection and analysis (Clarke et al., 2010).

Grounded theory (Glaser & Strauss, 1967)--a type of qualitative methodology--was used in studies by Riggle and colleagues (2011), Singh and McKleroy (2011), and Walinsky and Whitcomb (2010). Trans narratives were used to “ground” models developed by Singh and McKleroy (2011) and Walinsky and Whitcomb (2010). Singh and McKleroy (2011) created a model of transgender resilience following traumatic experiences, while Walinsky and Whitcomb (2010) developed a model of rural trans well-being.

Grounded theory is well suited for answering the broad questions of “how” and “what” (Morrow, 2007, p. 211) centering on trans positivity, resilience, well-being, and social support. Grounded theory can aid in the exploration of the lived experiences of an understudied population and ensure that the emerging theory is directly anchored in the participants’ narratives (Fassinger, 2005). Generating theory directly from participant’s words and utilizing reflexive writing (Stake, 2010; Strauss & Corbin, 2008), member checks, and triangulation of methods can improve the authenticity and trustworthiness of the findings (Berg, 2001). More detail about these steps and procedures is provided in chapter 3.

Limitations. The primary limitation of the studies reviewed in this chapter is the lack of geographic diversity. Researchers need to be more deliberate in examining the experiences of trans individuals in a variety of geographies. Three hundred and thirty six empirical studies were conducted online or in urban settings (Brewster et al., 2012;

Graham et al., 2014; Grossman & D'Augelli, 2007; Nemoto et al., 2004, 2011; Nuttbrock et al., 2010; Sánchez & Vilain, 2009; Sjoberg et al., 2006; Strain & Shuff, 2010; Tebbe & Moradi, 2012). Twenty (Coleman et al., 2011; Fisher et al., 2011; Horvath et al., 2014; Oswald & Culton, 2003; Turell et al., 2012; Walinsky & Whitcomb, 2010; Whiting et al., 2012; Willging et al., 2006) were conducted in rural settings, mainly in the rural Midwest. Other rural contexts deserve attention since trans-identified persons live in a diversity of settings throughout the U.S. (Clarke et al., 2010; Fassinger & Arseneau, 2007). Notably, all 20 rural studies (Turell et al., 2012; Walinsky & Whitcomb, 2010; Whiting et al., 2012; Willging et al., 2006) were conducted fairly recently, indicating a burgeoning interest in non-urban populations.

Gaps in the literature include relatively few strengths-based studies and studies of rural trans individuals. Scholars have noted the need for more strengths-based studies (Moradi et al., 2009; Sánchez & Vilain, 2009) and rural transgender studies (Clarke et al., 2010; Fassinger & Arseneau, 2007; Gray, 2009). Out of 356 studies, 22 were strengths-based (Budge et al., 2013; Meier et al., 2013; Riggle et al., 2011; Singh & McKleroy, 2011; Walinsky & Whitcomb, 2010) and 20 empirical studies pertained to trans rurality (Horvath et al., 2014; Turell et al., 2012; Walinsky & Whitcomb, 2010; Whiting et al., 2012; Willging et al., 2006). More strengths-based trans studies are needed, particularly of rural trans individuals.

Conclusion. More strengths-based trans research (Moradi et al., 2009; Sánchez & Vilain, 2009) and rural trans studies in non-urban settings are needed (Fassinger & Arseneau, 2007; Walinsky & Whitcomb, 2010). The majority of empirical studies in transgender psychology have been conducted in metropolitan areas (Clarke et al., 2010;

Fassinger & Arseneau, 2007; Graham et al., 2014; Nemoto et al., 2011; Walinsky & Whitcomb, 2010) and focused on transphobia and psychopathology (Bazargan & Galvan, 2012; Clements-Nolle et al., 2006; Erich et al., 2010; Koken et al., 2009; Moody & Smith, 2013; Strain & Shuff, 2010; Walch et al., 2012). Researchers are beginning to focus more on strengths-based research such as the positive aspects of a transgender identification (Riggle et al., 2011); increased resiliency in the aftermath of trauma (Singh & McKleroy, 2011); and the protective nature of social support on psychosocial well-being (Budge et al., 2013; Erich et al., 2008; Graham et al., 2014; Meier et al., 2013; Moody & Smith, 2013), but the number of strengths-based studies remains small.

In the literature review, only 34 out of 356 empirical articles report findings related to the benefits of social support in the lives of transgender individuals. Any mention of the benefits of social support is often overshadowed by an over-emphasis on transphobia and psychopathology (Bith-Melander et al., 2010; Bockting et al., 2009; Flentje et al., 2014; Galupo et al., 2014; Gamarel et al., 2014; Koken et al., 2009; Mizock & Mueser, 2014). A preoccupation with the negative aspects of transgender experiences does not coincide with the core themes and values of counseling psychology. Rather, the field of counseling psychology privileges the holistic frame of reference (Gelso & Fretz, 1991; Packard, 2009) rather than just focusing on experiences of stigma and discrimination.

The psychosocial and health benefits of social support have been demonstrated repeatedly (Budge et al., 2012; Budge et al., 2013; Graham, 2012, Graham et al., 2014; Meyer, 1995, 2003; Nemoto et al., 2011). Yet, researchers in transgender psychology have failed to focus on this resource and its possible utility with trans clients through strengths-based interventions. The need for this type of research is especially acute in

rural areas like Central Appalachia where psychologists need empirically supported, culturally-based interventions to use with trans clients.

A lack of culturally-based research may lead rural mental health professionals to unknowingly create or utilize interventions derived from data based on urban trans samples which may not be appropriate or helpful in assisting rural trans clients. Interventions conducted with unique populations like trans individuals in Central Appalachia need to be derived from empirical data obtained directly from samples drawn from this population. Interventions based on findings obtained with disparate samples of urban trans individuals would not be suitable. Therefore, I designed a qualitative interview study to explore the social support experiences of Central Appalachian trans-identified individuals. The next chapter, chapter three, details the specific study design, procedures, and methods used to conduct the research study.

Chapter Three: Research Design and Methodology

Qualitative methodology via a systematic grounded theory approach was best suited to address the research question: “*What are the social support experiences of transgender individuals in Central Appalachia?*” Qualitative methodology was the most appropriate because it facilitated exploration of an understudied phenomenon, allowed for contextual considerations, and inductively generated theory based on participant interactions (Creswell, 2007; Miles & Huberman, 1984). Further detail regarding the appropriateness of qualitative methods, the features of systematic grounded theory, and the specific procedures are provided.

Relevant Features of Qualitative Methodology

Qualitative methodology is exploratory and emphasizes an in-depth understanding of lived experiences. It is often used to understand phenomena that have been overlooked or understudied. Qualitative methodology is also context based in that it emphasizes contextual influences on events under examination. Lastly, qualitative frameworks help generate theory. Theory emerges inductively from the data as opposed to the testing of preconceived hypotheses (Creswell, 2007).

Exploratory. It is important to consider qualitative methodology when a problem or issue is not well understood (Creswell, 2007). Researchers and theorists have called for more qualitative research on the experiences of trans individuals (Sánchez & Vilain, 2009), especially in rural areas (Clark et al., 2010; Fassinger & Arseneau, 2007; Gray, 2009; Walinsky & Whitcomb, 2010). The majority of qualitative studies in transgender psychology have focused on urban settings with an emphasis on the negative aspects of being transgender (Hill, 2007; Sánchez & Villain, 2009).

Context-based. Qualitative methodology privileges the influence of one's social context and was the focus of the research study. The basis of the research study was to analyze the perceptions of social support experiences described by trans individuals in Central Appalachia. I examined how the cultural values of this region potentially influenced the experiences of social support described in the interviews. Qualitative methodology facilitated this cultural examination.

Theory generation. Qualitative researchers identify patterns, themes, and categories derived from participant data. A "bottom-up" procedure occurs in that theoretical underpinnings emerge out of the information provided by participants. The researcher searches for similar themes or categories of information which become increasingly more abstract until overarching theories take shape (Glaser & Strauss, 1967).

Systematic Grounded Theory

Barney Glaser and Anhelm Strauss originally articulated grounded theory methodology in 1967. The basis of grounded theory asserts that theories should be "grounded" or originate from data provided by participants, rather than testing a priori hypotheses generated by researchers. Data can be collected from different sources including observations, field notes, interviews, or archival information (Creswell, 2007). Grounded theory focuses on the generation of theory based on "actions, interactions, and social processes of people" (Creswell, 2007, p. 63).

Eventually, Strauss and Glaser parted ways because of disagreements regarding the meaning and procedures of grounded theory. Strauss and Corbin (1990, 1998) later extended grounded theory and developed what is known as systematic grounded theory. Systematic grounded theory was most appropriate for the research question due to its

emphasis on structure and procedure, its emphasis on the generation of theory from processes and interactions, and its emphasis on the interrelated nature of sub-systems conveyed in a conditional matrix.

Structured and procedural. Systematic grounded theory is a more structured and procedural approach to theory development. The researcher attempts to systematically develop a theory that conveys the action, interaction, or process of a particular topic. The research question required an examination of the perceived social support experiences of transgender individuals in rural Central Appalachia. Other grounded theory frameworks exist, including Charmaz's (2005, 2006) constructivist grounded theory. Constructivist grounded theory seeks to examine diverse local worlds, actions, and perspectives and emphasizes the role of the researcher (Charmaz, 2005).

Charmaz (2005) has disagreed with the complex and structured approach inherent in qualitative approaches like systematic grounded theory. However, one of the reasons systematic grounded theory was most appropriate for the research study is precisely because of its procedural and structured framework. According to Creswell (2007), the structured and procedural nature of systematic grounded theory is helpful to researchers who wish to learn more about and apply grounded theory (Creswell, 2007). Since this was my initial foray into grounded theory, an explicit, structured design best facilitated data collection and data analysis.

Theory derived from interactions. Systematic grounded theory can guide the generation of theory (Creswell, 2007; Strauss & Corbin, 1990, 1998). Specifically, interactions in the form of perceptions of social support experiences were examined. Interview data were also examined to determine which cultural values of rural Central

Appalachian culture appeared most influential to the social support experiences described by transgender participants. Theory emerges from data grounded in perceptions of social support and from data highlighting the influence of rural Central Appalachian culture on social support experiences for trans individuals.

Conditional matrix. Lastly, systematic grounded theory included a model referred to as a conditional matrix (Strauss & Corbin, 1998), also invaluable to the research study. A conditional matrix (Strauss & Corbin, 1998) is a coding device specifically developed to aid the researcher in making connections between macrosystems and microsystems. Perceptions of microsystems (i.e., social support experiences) and the interplay of these microsystems and outer macrosystems (i.e., cultural messages) were central to the research study. An analysis of these concurrent processes was enhanced by a conditional matrix.

Systematic grounded theory was the best methodology to use for addressing the research question. Systematic grounded theory provided a structured and procedural framework to guide a novice research (Creswell, 2007). Systematic grounded theory also facilitated theory development grounded from participant data pertaining to interactions or experiences within a given context (Miles & Huberman, 1984; Strauss & Corbin, 1990, 1998). An exploration of trans individuals' perceptions of social support experiences, coupled with a focus on relevant cultural messages relevant to such experiences were facilitated by the conditional matrix.

The Current Study

The purpose of the study was to collect and analyze trans individuals' narratives of perceived social support experiences in rural Central Appalachia. To accomplish this, I

used a qualitative framework referred to as systematic grounded theory (Strauss & Corbin, 1990, 1998). In the following sections I describe the methodology used to address the research question including: participant recruitment, measures and materials, data collection procedures, data management, and data analysis.

Participant recruitment. Potential participants included female-affirmed and male-affirmed trans individuals over the age of 18 who currently resided in Central Appalachia. Central Appalachia is made up of 186 counties in West Virginia, Kentucky, Virginia, and Tennessee (see Appendix A) (ARC, 2004). I identified and contacted several transgender-related groups and organizations located in Central Appalachia and organizations that had contact with trans individuals in this region. I contacted group leaders and other members identified on listservs, online groups and organizations, and other transgender groups in or proximal to Central Appalachia.

I also requested permission to speak directly to transgender-related groups and organizations regarding the nature and objectives of the study. I disseminated my contact information to the groups, answered individual questions about the research study, and remained after meetings to screen (i.e., age, gender identity, and region) potential participants. I also reached out to campus organizations and transgender-specific conferences (see Appendix B) and identified trans participants, and I telephoned and e-mailed (see Appendix C) group leaders and other contacts listed on transgender-related websites and web pages. Following initial contact, group leaders or members were asked to distribute a brief statement about the purpose of the study and asked any potentially interested transgender participants to contact the researcher directly if they had further questions and/or wished to participate in the study.

Initially, I contacted a trans participant who participated in a previous pilot study I conducted in order to determine if she would consent to a subsequent interview. Also, I utilized snowballing techniques. *Snowballing* refers to recruitment procedures whereby the researcher requests that study information and researcher contact information be passed on to others who are eligible to participate and may be interested in taking part in the study, thereby creating a “snowball effect” (Gardner, 2009). Snowballing is a commonly used recruitment method in transgender psychology. Researchers (Erich et al., 2008, 2010; Grossman & D’Augelli, 2007; Kosenko, 2011) have relied on snowballing techniques to recruit trans participants for qualitative studies.

Sample size. An adequate sample size provides a diversity of narratives and richer data that subsequently informs theory development. Analysis of other qualitative studies on transgender experiences, which included samples of 20 or more, often took place in urban cities such as Atlanta (Nuttbrock et al., 2010; Strain & Shuff, 2010), New York City (Grossman & D’Augelli, 2007; Koken et al., 2009), and San Francisco (Clements-Nolle et al., 2006; Nemoto et al., 2004). A study conducted by Turell and colleagues (2012) included 81 participants, but the study was conducted in both urban and rural areas. Walinsky and Whitcomb (2010) recruited seven trans participants who lived in rural areas and attended a support group in a nearby urban location in the Midwest. Since large numbers of trans individuals are hard to find in any geographic region (Whittle, 1998), a sample size of 20-30 (Creswell, 2007) may have been an unrealistic number to obtain in sparsely populated regions throughout rural Central Appalachia.

No known empirical studies have examined the experiences of trans individuals from rural Central Appalachia. Therefore, I was not sure what sample size was realistic or

sufficient to adequately inform theory development. Previous empirical studies on this topic had not been conducted in this region. My target sample size was 12-15, however I was able to collect a sample of 25 interviews. *Theoretical saturation* is the ultimate goal and is reached when no new data or themes are emerging (Strauss & Corbin, 1998). According to Strauss and Corbin (1998), interviews should continue until theoretical saturation occurs.

However, even if interviewing ceases before theoretical saturation occurs, theory development could still continue to develop at a later time with additional data collection. My goal was to fully develop an overall theory that encompassed the data that emerged from participant narratives. Qualitative studies had been successful in developing theory based on smaller sample sizes than the one obtained in this research study. Theoretical saturation was plausible with a robust sample of 25 participants.

Materials. The materials used in the research study included the demographic form and the interview protocol. The interview protocol was semi-structured and in-depth and elicited innumerable descriptions of social support in Central Appalachia. Two audio recorders facilitated the transcription of data verbatim.

Interview protocol. The interview protocol was developed from data obtained from a small pilot study with two trans participants. The pilot interview examined the comprehensive experiences of trans individuals residing in various parts of rural Central Appalachia. The final interview protocol emerged from findings obtained in the original pilot study and was revised based on feedback from my research team and advisor. Interview questions focused on types of social support (i.e., emotional and instrumental) and potential sources of social support (i.e., partners, parents, siblings, children, extended

family, friends, co-workers, neighbors, community members, etc.). Only social support experiences that took place in the Central Appalachian social context after the trans participant came out as trans were explored. This facilitated exploration of themes related to perceptions of social support experiences of trans individuals in Central Appalachia.

The interview protocol was comprised of open-ended questions designed to elicit the perceptions of social support experiences of trans participants in Central Appalachia. Examples of interview protocol questions included: “What’s it like for you to be transgender and live here?” “Can you tell me a story of when a family member supported you or was there for you since coming out as trans?” “Who else has been there for you since coming out as trans in the community?” “Who has been most supportive of you since coming out as trans?” “How have others shown you support?” “What has been most helpful to you?” “What has been least helpful?” “What would you like for others to know about what it’s like to be trans and live here?”

Interview questions were designed to elicit a plethora of social support experiences that took place in rural Central Appalachia and recounted by trans participants. A semi-structured interview protocol allowed for flexibility in generating additional follow-up and probing questions based on participants’ responses. A semi-structured format also allowed for the emergence of new knowledge that the researcher had not anticipated (Kopala & Suzuki, 1999).

Digital audio recorders. Participant interviews were recorded on two digital recorders. One audio recorder served as the primary recording device and the second audio recorder was the back-up in the event of electronic failure of the primary recording

device. The two digital audio-recorders, and any other confidential materials containing identifying information that could link participants to the study, were kept in a secure lockbox, further contained inside a locked filing cabinet located in the researcher's personal office.

Data collection procedures. Interested individuals who met study criteria (i.e., 18 or over, resides in Central Appalachia, and identifies as trans) were scheduled for interviews. To maintain confidentiality, the interview took place in private settings such as the local library or the participant's home. Participants were initially presented with an informed consent form (see Appendix D) to review. A verbal acknowledgement of understanding and a signature was obtained from participants before the process continued. Demographic information (see Appendix E) was subsequently obtained followed by the administration of the interview protocol (see Appendix F). Semi-structured, face-to-face interviews lasted 45-90 minutes interviews and took place in the rural community in which participants resided. Participants were given a small stipend of \$25.00 to compensate for their time. Follow-up phone calls were sometimes necessary to obtain clarification or greater detail regarding a participant's response.

The collection of data in the rural context in which the participant lived enhanced the richness of field notes and interview data because I was able to observe and query contextual features firsthand. These observations allowed me to ask follow-up questions about the social context. Following data collection, participant contact information, informed consent documents, and signed receipts of payment to trans participants for participation were kept in a locked filing cabinet in my office.

Interview transcription. After the interviews were completed, I used a reputable transcription service to transcribe each interview verbatim. Following completion of the transcription, I checked each transcription with the recording to ensure accuracy and de-identified them. Then, all transcripts were e-mailed to participants for their perusal to confirm the accuracy of their responses. Minimal corrections were indicated and made to the transcripts. All audio recordings were erased in order to protect the confidentiality of the participant. Pseudonyms were assigned to participants who wished to use them while others explicitly requested that their real names be used. However, all identifying information pertaining to the communities were changed. Only I had access to the contact information, informed consent documents, and payment receipts containing participants' names.

Data analysis. The data analyses included five main processes: open coding, axial coding, selective coding, the use of a conditional matrix, and memoing. These five main processes are explained in greater detail in the following sections. The process is depicted visually on the following page (Figure 3.1). Reflexive writing, memoing, and verification represent ongoing processes that continued throughout the data analyses.

Open coding. The first stage of data analysis was open coding. In open coding, the initial formation of categories took shape (Creswell, 2007). Open coding of the research question involved identifying emerging categories or segments of information pertaining to social support experiences and influential cultural values. Common segments of information related to social support experiences included different types and sources of social support. For example, a trans participant described a social support experience in

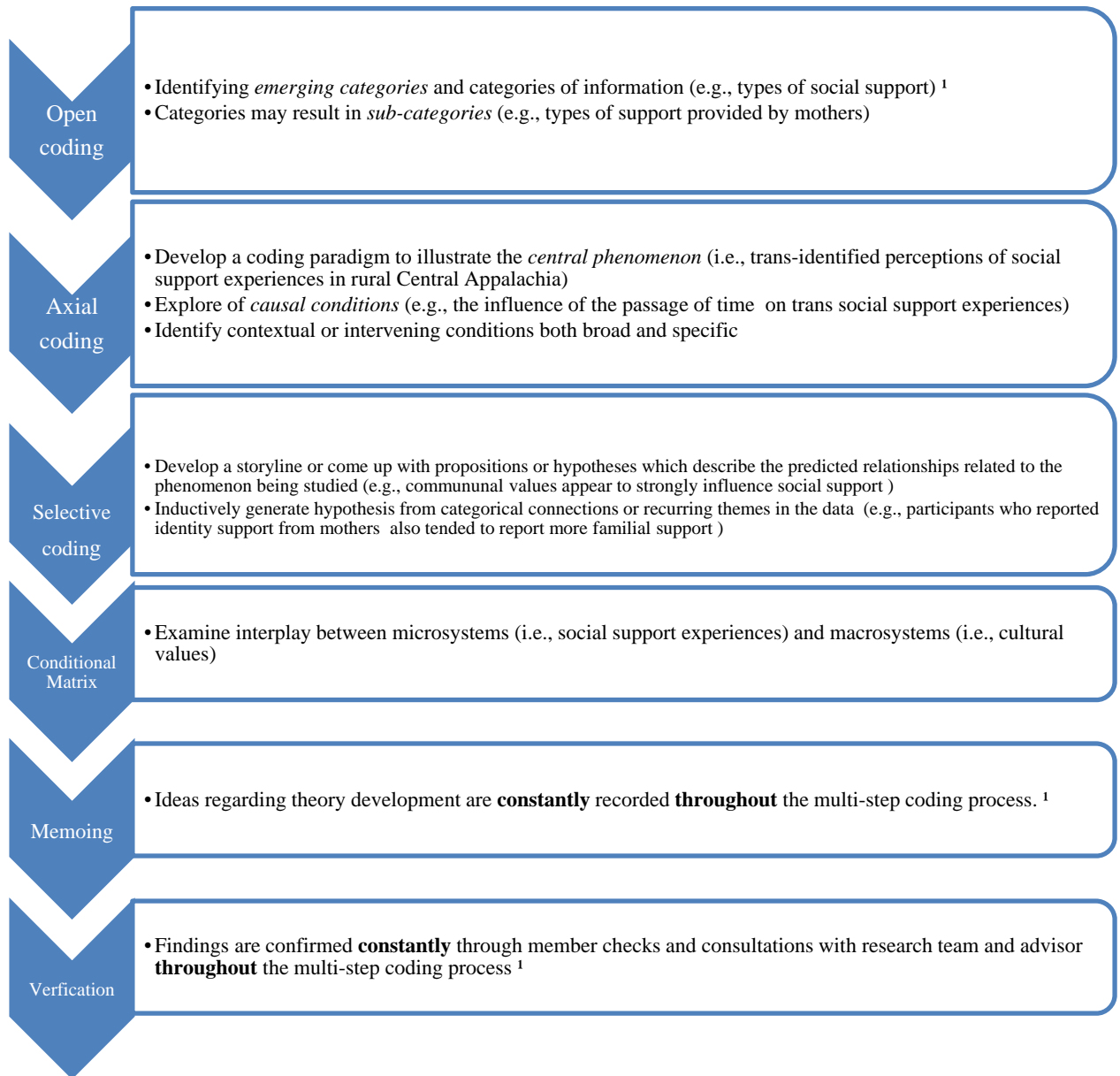


Figure 3.1 Multi-Step Data Analysis Plan of Rural Transgender Social Support Experiences

¹ Memoing and verification occurred throughout the data collection and data analysis process.

which a parent provided identity support by providing compliments during their transition. When numerous trans participants described similar types and sources of support they were grouped together and emerged as the two core categories. The two

core categories emerged from sub-categories. For example, the core category of sources of support emerged from sub-categories of familial (e.g., extended and immediate) and non-familial sources of support (see Appendix G). After open coding was complete, axial coding began.

Axial coding. Axial coding required the assembly of participant data in novel ways after open coding was completed. A central phenomenon (Creswell, 2007; Strauss & Corbin, 1990) was identified. Central phenomena in this study were the trans participants' perceptions of social support experiences in Central Appalachia. Strategies which described the actions or interactions that resulted from the central phenomenon were also described (Creswell, 2007). For example, to get a holistic picture of what social support looks like in Central Appalachia, it was necessary for participants to recall all the sources of support they had and all the forms social support took in their lives.

Also consistent with systematic grounded theory, I identified contextual and intervening conditions or factors. Contextual or intervening conditions included both broad and specific factors that influenced strategies (Creswell, 2007; Strauss & Corbin, 1990, 1998). In this case, the broader context was rural trans experiences of social support. The more narrow focus was specific transgender experiences of social support within the context of rural Central Appalachia. The social context of rural Central Appalachia seemed to influence the sources and types of social support transgender individuals described. The dual examination of social support experiences and these experiences within the context of Central Appalachia represented the bases of the research study. The next phase of data analysis in systematic grounded theory was selective coding.

Selective coding. I then developed a storyline or came up with propositions and hypotheses which described predicted relationships related to the phenomenon being examined. A storyline connected categories that had been identified (Creswell, 2007; Strauss & Corbin, 1990, 1998). The goal here was to generate theory from the data provided by trans participants. Determining hypotheses was appropriate in this situation as was connecting categories. Categorical connection entailed an analysis of recurring themes or sub-categories that informed the generated hypotheses. I used these connections which emerged inductively to develop the theory. The resultant theory arose from the perceptions of social support experiences of trans individuals in rural Central Appalachia coupled with cultural messages that were deemed influential to these experiences by the researcher.

Conditional matrix. A conditional matrix facilitated the understanding of trans social support experiences occurring at the microsystems level and cultural values inherent in rural Central Appalachia at the macrosystems level. The latter analysis represented the perceived interrelations occurring between microsystems of support and cultural values at the macrosystems level. A conditional matrix is an optional tool, yet relevant to the research study. An examination of influential macrosystems (e.g., cultural messages) on microsystems (e.g., social support experiences) was integral to the study, making the inclusion of a conditional matrix imperative.

Memoing. An ongoing analytical tool within systematic grounded theory is memoing. Theory about trans' perceptions of social support experiences in rural Central Appalachia and relevant cultural messages the researcher perceived as influential to the social support experiences emerged throughout the coding process. Memoing is the process by which

ideas are constantly recorded by the researcher regarding the unfolding theory emerging throughout the multi-step coding process comprised of open, axial, and selective coding. The goal of data collection and data analysis was a substantive-level theory (Creswell, 2007). I was proximal to the participants through the face-to-face interviews in the communities in which the trans participants resided. I took rich field notes, conducted the interviews, and reviewed the transcribed interview data. I made memos of my observations and insights throughout the research process.

Verification. Verification, like memoing, was an ongoing process that occurred throughout the multi-step coding process. Verification strategies represent another strength of the research study. *Verification* refers to the confirmation or verifiability of recurring patterns which emerge from the raw data. Verification also ensures that the descriptions of procedures utilized to arrive at the eventual conclusion have been clearly articulated enough that future researchers could replicate the study and data analysis and arrive at similar conclusions (Berg, 2001). Verifiable results were obtained through reflexive writing, the transcription of raw data verbatim, the use of detailed, standardized field notes, in-depth memoing of the data analysis process, and theory development. Also, the use of member checks with participants and the research team increased verification and confirmation of the recurring themes identified in the data.

I confirmed my findings and resulting categories with research colleagues, the research lab, and an advisor. These activities helped verify findings and lead to theory building. Theory building is the development of systematic and logical explanations of findings. In other words, findings obtained from the research study evolved into succinct and coherent explanations that described the findings.

Systematic procedures for analysis in systematic grounded theory and in qualitative methodology as a whole provide rigor and lend greater credibility to study findings. The emphasis on trustworthiness, member-checks, and verification comprised the methodological strengths of the research study. These elements are explained in greater detail in the next section.

Trustworthiness. *Trustworthiness* is a primary criterion for qualitative research studies and refers to the “rigor” or credibility of a study (Morrow et al., 2012). The components of trustworthiness include: (a) disclosure of the researcher’s orientation, (b) intensive and prolonged engagement with the material, (c) persistent observation, (d) triangulation, and (e) discussion of findings and process with others (Stiles, 1993). To achieve these components of trustworthiness, I took many steps. Disclosure of my research orientation (i.e., Criterion A) in terms of grounded theory methodology was provided.

I approximated in-depth and protracted engagement (i.e., Criterion B) and interaction (i.e., Criterion B) and persistent observation (i.e., Criterion C) with participants and interview data by personally conducting lengthy face-to-face interviews, the follow-up conversations, and data analysis. The research process and data analysis included the research team and faculty advisor thus fulfilling another important aspect of trustworthiness, the discussion of research findings and the research process with peers (i.e., Criterion E).

I also engaged in *reflexivity* throughout the data collection and data analytic process. Researcher reflexivity was achieved when I examined personal biases and/or influences I possessed which could impact the interview process and the interpretation of data. An

example of a personal bias I had discovered in this process was my assumption that the experiences of trans individuals in rural areas would be more positive than they often proved to be. Therefore, I made a concerted effort to portray positive experiences of social support as well as the overwhelming desire to migrate out of Central Appalachia that many participants simultaneously expressed. Reflexivity encouraged an examination of personal biases which otherwise may have distorted a more authentic portrayal of the holistic experiences of participants in this region.

Reflexivity enhances trustworthiness of the data (Stake, 2010). Specifically, I engaged in reflexive activities (Corbin & Strauss, 2008) before interviews began and continued throughout the research study. Prior to data collection, I wrote about my background and experiences that may relate to Central Appalachia and trans-identities. I also wrote about my potential influence as a lesbian interviewer with a somewhat thick Appalachian accent on the responses and overall narratives provided by each trans participant (see Appendix H).

Reflections and observations were kept in detailed notes written after each interview and reviewed before the next interview. Reflexive notes were also shared during peer review sessions with the research team. Lastly, triangulation (i.e., Criterion D), or several lines of insight with which to confirm the accuracy of items (Berg, 2001), was obtained through a combination of interviews, direct observations, field notes, reflexive writing, peer review, and member checks.

Member checks. Trans participants had the chance to verify the transcripts to ensure greater accuracy and confirmed that specific sub- and core categories and coding segments were “true” to the participant data. Collaboration or member checks helped

improve the accuracy and trustworthiness of the transcripts and coding segments (Kopala & Suzuki, 1999). Trans participants were asked after the interview if they wished to collaborate on corresponding categories that emerged from their interview data. Three participants readily agreed.

Participants were contacted by phone to audit the categories if they wished. Many did not wish to do this. Participants were also contacted to confirm the information they had provided was transcribed verbatim. In nearly all cases, transcripts were 100% correct. An audit of the interview data through member checks also allowed for continuous feedback from participants. An audit can promote empowerment through a more egalitarian process compared to sole dependence on the researcher to interpret the data. Participant inclusion promoted the integration of rural trans narratives in the data *and* the analysis or coding of those data which stimulated further participant feedback.

Conclusion

In conclusion, qualitative methodology via systematic grounded theory facilitated exploration of perceptions of social support experiences in the narratives of rural trans participants in Central Appalachia. This methodology permitted exploration of a little known phenomena, considered contextual influences, and generated theory. Grounded theory (Glaser & Strauss, 1967) structured the data analysis so that a deeper understanding of social support experiences was articulated. This was the first known research study to employ systematic grounded theory to explore transgender social support experiences. Systematic grounded theory guided the data collection and data analysis. The strengths inherent in qualitative methodology outweighed the limitations making the qualitative methodology of systematic grounded theory the best framework to

address the research question. The next chapter is a detailed description of the research study results.

Chapter Four: Results

Introduction

In this chapter, the rich depth and breadth of data gained through participant interviews will be reviewed. Through this, the perceptions of the trans participants will emerge through the quotes transcribed from their own narratives. To accomplish this, the chapter will begin with a discussion of the interview process followed by an in-depth review of the interview data. The analysis of the interview data and the findings are outlined in the thematic analysis. Narratives have been distilled into more concise quotes to lend integrity and support to the emergent themes. It is important to note that some participants specifically requested that their names not be changed, whereas others requested pseudonyms created by the participant or myself. The names I chose were selected at random. To avoid detracting from the content, no designations are provided to signify which names are genuine versus which are pseudonyms.

Introductory case examples and identifiable names and characteristics of communities were altered to honor the needs of those who wished to remain anonymous. Following relevant quotes, only participant names and states of residence are provided. Case examples are also absent in order to give consistent weight across all participant narratives, rather than greater weight to those who did not wish to remain anonymous.

Preservation of participants' quotes was important except in instances where alterations promoted flow and/or grammar. Grammar was not altered in such a way as to erase or subvert the richness and beauty of the Central Appalachian dialect. Hopefully, the dialect of each participant shines through and subsequently breathes life into the quotes. It was appropriate to include an implied name or relation where it was not

uttered. Additions are represented by brackets ([]) and signify any modification of the original transcripts whereas ellipsis (...) were employed to represent any omission of words or phrases to promote the flow and brevity of quotes.

Participants

A total of 25 transgender adults were interviewed for this study. Their ages ranged from 19 to 64 (mean 34.48 years; median 26 years). Participants resided in a several rural communities (64%), four small cities (24%), and one urban location (12%). Urban locations contain populations over 100,000 while small cities have less than 100,000 (United States Department of Agriculture, 2011). The research study included one urban centre with over 100,000 people, three small cities with 15,000-50,000 people. The vast majority of participants however, resided in smaller rural communities ($n=21$) with population sizes ranging from 750 to just over 10,000 (United States Census Bureau, 2010). The Central Appalachian region is comprised of four states which were all represented in the study. Forty-eight percent of participants resided in Kentucky, 8% in West Virginia, 16% in Virginia, and 28% resided in Tennessee.

The racial identity make-up of participants was 88% Caucasian and 12% Caucasian/Native American. Fifty two percent identified as female-affirmed or assigned male at birth and 48% identified as male-affirmed or assigned female at birth. One participant described having a “non-sexual” orientation, another reported being “demi-sexual,” one person said “mostly lesbian,” another reported being “bisexual/straight,” two participants described themselves as “pansexual,” two participants stated they were “gay,” three were “lesbian,” 20% identified as “heterosexual/straight,” and 20% were “queer.” In terms of relationship status, 8% of participants reported being legally married,

24% were divorced, 32% were partnered/dating, and approximately 60% were single at the time of interview.

The individual annual income of participants ranged from \$0-90,000 (mode \$0-15,000). In terms of education, 99% of participants had graduated high school and attended some college or had graduated from college or a technical school. At the time of the interview, 12% of participants were retired, 76% were employed, and 12% were not employed. The following table contains some of the participant demographics previously described.

Table 4.1. Participant Demographics * Denotes pseudonyms

Name	Age	Gender Identity	Occupation	State	SES
Alice*	29	Female-Affirmed	Assistant Manager	Tennessee	15,000-30,000
Ashley*	30	Female-Affirmed	Biologist	West Virginia	30,000-45,000
Blossom*	59	Female-Affirmed	Retired Coal Miner	Kentucky	0-15,000
Cynthia	51	Female-Affirmed	Retired Military	West Virginia	0-15,000
Diane*	39	Female-Affirmed	Retail Clerk	Kentucky	15,000-30,000
Erica	58	Female-Affirmed	Sales	Kentucky	45,000-60,000
Helena*	25	Female-Affirmed	Student	Virginia	15,000-30,000
June	25	Female-Affirmed	Student	Tennessee	0-15,000
Kat	26	Female-Affirmed	Student	Tennessee	0-15,000
Michelle*	64	Female-Affirmed	Retired Counselor	Kentucky	15,000-30,000
Rebecca*	27	Female-Affirmed	Engineer	Virginia	75,000-90,000

Rebecca Lynn	61	Female Affirmed	Retired Coal Miner	Kentucky	0-15,000
Serena*	44	Female-Affirmed	Chemist	Kentucky	90,000-above
Bryce	23	Male-Affirmed	Busboy	Kentucky	0-15,000
Charlie	24	Male-Affirmed	Graduate Assistant	Tennessee	0-15,000
Jackson*	24	Male-Affirmed	Counselor	Virginia	15,000-30,000
James*	26	Male-Affirmed	Student	Kentucky	0-15,000
Jay	19	Male-Affirmed	Student/ Delivery Driver	Tennessee	0-15,000
Jordan	23	Male-Affirmed	Retail	Tennessee	0-15,000
Lance*	28	Male-Affirmed	Customer Service Representative	Kentucky	0-15,000
Mateuz*	23	Male-Affirmed	Student	Kentucky	0-15,000
Samuel*	21	Male-Affirmed	Unemployed	Kentucky	0-15,000
Stephen*	43	Male-Affirmed	Counselor	Virginia	0-15,000
Zach	23	Male-Affirmed	Student	Kentucky	0-15,000
Zane	22	Male-Affirmed	Unemployed	West Virginia	0-15,000

Thematic Analysis

The two major core categories that emerged within the thematic analysis were the frequently mentioned sources and types of social support. Recurrent sources of support (see Appendix I) included family, friends, co-workers, and other members of the

community (e.g., church, school, and neighbors). The three main sub-categories of the types of support were identity, emotional, and/or practical support (see Appendix J). Other sources of support including transgender-specific resources such as gender specialists, mental health professionals, LGBT organizations and events, transgender support groups, or a larger transgender community were largely absent from many social support descriptions. This was especially true in rural areas, but also in more populated areas.

Rural trans individuals described receiving more support from family compared to urban trans participants who often mentioned other trans individuals and cisgender friends as important sources of support. Urban trans individuals also tended to rely more on support derived from school, the workplace, and church. For both rural and urban trans individuals in Central Appalachia, those who had disclosed their trans identity to others often seemed surprised at the lack of negativity and overall support they had received.

Common sources of social support. Common sources of support were grouped under familial and non-familial sources of support. Familial sources included immediate and extended family members. Non-familial sources of support included individuals from the neighborhood, school, workplace, and church. Non-familial sources of support were cisgender and transgender. Instances of support from transgender family members were not specifically mentioned even though some participants reported having transgender siblings. Participants reported receiving social support to varying degrees, but all were able to describe at least one or more supportive individuals in their lives.

Immediate family. The immediate family, including parents, siblings, spouses and children, were regularly mentioned sources of social support. Supportive responses from others did not always occur immediately. When it did, it often surprised participants. In some cases, the entire family was perceived as supportive. On the other hand, initially supportive individuals sometimes withdrew their support for the trans individual for reasons unknown.

“My [half] sister...was...really supportive and all of a sudden stopped talking to me...I don’t know why. I don’t know if my dad made her stop talking to me...” (June, age 25, TN)

Other families became more supportive over time even as they struggled to understand trans identity.

“My family has been super supportive...They’ve tried to understand...[and] tried to grasp it and ...wrap their heads around it and try to support me. They’re struggling with it a little bit.” (Zane, age 22, WV)

Rather than report entire families as being supportive, most participants noted how specific individuals were supportive.

Parents. Parents were often cited as supportive, especially mothers.

“Mother is a special flower.” (June, age 25, TN)

“Mom’s like ‘If you’re happy, I’m happy.’” (Jordan, age 23, TN)

In fact, many participants disclosed their trans identity to their mothers before their fathers and other family members.

“...Mom...was always very supportive. I actually told her two years before I told my dad...She is the matriarch of the family...When [anyone] would give her lip about me, she would just shut them down....” (Blossom, age 59, KY)

Some families were immediately accepting, while it took time for some mothers and

other family members to accept their transgender family member.

“I came out to my mom [who was very conservative]...[I told her], ‘I’m transgender.’ [She replied] ‘What does that mean?’... I briefly explained it to her...She took a step back and said,... ‘I have to think about this...’ She call[ed] me two days later [and was] really upset [and] mad at herself, apologizing profusely. Since then, [we’ve] had no issues...” (June, age 25, TN)

Approximately 52% of participants described their mothers as supportive. Fewer participants (32%) described their fathers as supportive.

“[Me and dad] don’t really talk about it...[Dad] refers to me as ‘he’ and everything...Women talk about [support], but he shows [it]...” (Samuel, age 21, KY)

The reactions of fathers were sometimes surprising to male- and female-affirmed participants.

“I actually wrote my parents a letter and I said, ‘How is anyone else ever going to accept me if you don’t’...That next morning...my dad was like, “Hey [Lance].” I [happily replied], ‘What?!?’” (Lance, age 28, KY)

In another case, a transwoman feared her elderly father would shun her.

“...I came in after dark...and met with mom and dad...[who were] getting up in years...I asked them if they’d rather I left before...daylight and anybody knew I was...in. My dad...said, ‘It’s my damn house, if they don’t like it they can leave.’” (Blossom, age 59, KY)

A transman anticipated a negative response from his religious father.

“My dad surprised me. He is incredibly religious...[,but after I told him I was trans he replied], ‘Oh, so I’ve got a son.’” (Zach, age 23, KY)

Fathers exhibited a range of responses. Some were supportive and others were not.

Acceptance did seem somewhat contingent on the preferred identity of the trans individual in that some transwomen and transmen reported supportive fathers. However, fewer transwomen ($n=1$) in the sample reported having supportive fathers and mothers compared to transmen ($n=12$). Only parents who resided in Central Appalachia were

included in the analysis.

Siblings. In addition to parents, siblings were also frequently mentioned sources of support. Brothers were cited as supportive by 24% of participants.

“When I came out to [my brother]...it made us much closer...He was there with me when I came out to my parents...[and] he was able to step in...and talk with them...when I was too emotionally frustrated [to speak]...” (Jay, age 19, TN)

Sixteen percent of participants described having supportive sisters.

“...I was living in [my sister’s] basement at the time [I got my top surgery and]...when I came back [from surgery] she was calling me by my chosen name. Her children were calling me uncle and [using] male pronouns...” (Lance, age 28, KY)

A transman discussed a conversation in which his sister voiced her support for his desire to bear children one day.

“[My sister and I are]...so close in age...I told her the other day...’I’m still very maternal. I still love kids and babies are my favorite people on the face of the planet. I still want to have kids...and carry them myself because it’s still possible to do so.’ [My sister replies]...’Cool, alright. Have fun.’ That feeling of normalcy is good.” (Mateuz, age 23, KY)

Notably, 8% of trans participants (1 trans woman, 1 trans man) reported having a transgender sibling both of whom were trans women, but instances of support from them were not described.

Spouses. Two transgender women were legally married to their cisgender female spouses. In both cases, the spouses were described as supportive. One transwoman recalled how her wife demonstrated support by making sure that the hospital staff understood her trans identity and took good care of her and treated her respectfully.

“When [my wife] ...came to the hospital...she talked with [the staff] and made sure they understood that I was transgender.... She shared her expectations with them and that was given.” (Michelle, age 64, KY)

Another transwoman recounted how supportive her mother and her spouse had been throughout her transition.

“[My wife’s] and my mother’s support [has been the most important]...I could do without the physical support...[and]...muddle through..., but emotionally... I was a mess.” (Blossom, age 59, KY)

In the two previous examples, the latter participant had been “out” as trans for nearly two decades whereas the other transwoman had more recently come out. Conversely, levels of spousal adjustment differed. In one instance, the spouse had had more time to acclimate to the partner’s transition compared to the other spouse who still appeared to be still adjusting to her partner’s trans identity.

Children. Children comprised another potential source of support. In one case, the child was too young to be privy to her parent’s trans identity. In another case, the child was a bit older and more aware of her parent’s identity as a transwoman.

“[My eight year old daughter] is good with [it]... We read a lot. I use feminine voices in our reading...That’s all fine and fun...” (Erica, age 58, KY)

In another instance, a transwoman’s adult daughter proved to be a significant source of support for her.

“I actually got closer to [my daughter] after I came out...I was emotionally gone... as a male...[She] and I connected after I started transitioning...It was...like she had two moms...[We] would go up on the mountain and...shoot [guns]...[and then]...have a slumber party, do each other’s makeup,...[and] put on fashion shows...Even now [we]...talk about everything...” (Blossom, age 59, KY)

Some adult children were supportive while others were not. In addition to parents, siblings, spouses, and children, there also existed a wider network of extended family members.

Extended family. Extended family members included uncles, aunts, cousins, and grandparents who represented other common sources of social support for several

participants. In some cases, members of the extended family lived with the participants' immediate family and/or lived in very close proximity. Thus, the usual psychological or physical distance that occurs between many immediate and extended kinship networks did not seem to apply as much in rural Central Appalachia. Bronfenbrenner (1977) does not include the extended family network at the microsystems level, however, extended families in Central Appalachia frequently operate as part of the microsystem.

Uncles. Uncles were described as being supportive to 20% of the participants, especially the transmen. Support could be shown through the presentation of gendered gifts and the forethought necessary to obtain such gifts.

"...For Christmas...my uncle got me a green sweater...The fact he got it out of the boy's department shows he was trying." (Samuel, age 21, KY)

Sometimes it took time for uncles and aunts to "come around" regardless of their age or level of religiosity.

"...My mom's brother...and his wife...never had a bit of trouble with [my transition]. A lot of it was the more religious [members] of the family...,but most of them came around...[after] they figured out it wasn't a phase I was going through...Some [family members] came right straight around and some of them still [have a problem with it]..." (Blossom, age 59, KY)

Uncles appeared to play an important role in the lives of transmen especially those that lived in more rural areas.

Aunts. Nearly 16% of participants perceived their aunts as supportive. Aunts were a source of nurturance for some participants as seen in one account by a transman who ran away from his parent's home and was staying with his aunt.

"... I was going through a rough time and...things weren't good at home. [My aunt] took me in for three weeks... We were coming back from the store...[sitting] in her driveway...in the truck...She was scared...[because] I had run away...and she was

scared I would [do it again]...She reached around and grabbed me [and said] 'I love you like my own child...better yet, I love you as my own son.'" (Samuel, age 21, KY)

Similar to uncles, aunts were more commonly mentioned as supportive of rural transmen compared to urban transmen or transwomen.

Cousins. Within the extended family network, cousins were the most frequently described source of social support. Approximately 24% of participants mentioned their cousins.

"...My [cousins and their] husbands... [are] very... nice to me, very good to me. Lord have mercy! [I'll be]...in a grocery store... in female mode and... have cousins hollering at [me]...!" (Rebecca Lynn, age 61, KY)

One transman talked about how his cis-male cousin showed support by being open minded and accompanying the participant to campus LGBT-related events and gay bars.

"[My cousin is] 100% supportive. He always has been. He's... an easy [going], laid back, go with the flow [kind of] guy...We'd go to the gay bars...[I ask him to go to]...Pride week...[and] transgender night...and he said, 'Dude, whatever, I don't care, I'll go.'" (Lance, age 28, KY)

Another participant, a transwoman, described how her cousin role-modeled acceptance of the participant at a family reunion. This acceptance seemed to compel other, more reluctant family members to do the same. The cousin's support coupled with the participant's mother's unwavering support seemed to elicit immediate demonstrations of acceptance from other family members, even those who were older, more conservative, and religious.

"[In 2000] was the family reunion...My cousin...broke the ice...and said, 'Bend down here and give me a hug, ' [and] after that...everybody was talking [to me]...A few of them talked [badly about me] to mom...[and she] laid into'em...It didn't bother her...to put the family in line." (Blossom, age 59, KY)

Sometimes cousins were the only supportive extended family members. Two transwomen recalled having supportive cousins, but not supportive aunts or uncles. Only

one transwoman described her whole family as supportive.

Grandparents. Grandparents were sporadically mentioned in participant narratives. Grandparents were the least frequently mentioned source of support. Grandmothers were described as being supportive by two trans participants. One transwoman described how her grandmother exhibited support by admonishing the participant for persisting in the stereotypically masculine behavior related to profanity.

“My meemaw’s been really affirming...She tells me not to curse...[since] it’s not ladylike...” (June, age 25, TN)

Grandfathers were the least mentioned source of support in that they were mentioned in one participant narrative. However, a supportive grandfather was central in a transwoman’s narrative.

“My granddad...told me, ‘Whatever you want to do is fine with me.’ ...I was relieved...He doesn’t care what anybody does as long as it doesn’t hurt anyone else...” (Kat, age 26, TN)

Overall, the majority of participants who perceived support within their extended family were transmen. Twice as many transmen described having supportive extended family members compared to transwomen. Overall, 16% percent of trans participants (1 transwoman and 3 transmen) described their entire family as supportive. Additionally, a transman reported that aside from his father, his entire family appeared to be supportive of his trans identity.

Non-familial

Non-familial sources of support included romantic/dating partners, friends, medical and mental health providers, religious/spiritual sources, trans support groups, vocational support, neighbors, academia, and Parents and Friends of Gays and Lesbians or PFLAG. Some participants even remarked how supportive their entire community seemed to be.

“...I count myself lucky in our community...[Even though] I don’t have a big support group... [they’ve] supported me 110%.” (Blossom, age 59, KY)

The amount of community support was surprising to some participants.

“I...[was worried I would]...get run out [of town] with pitchforks and torches...[like] some Frankenstein monster,...[but] I think everyone here is basically good. They try to do right by people...” (Rebecca, age 27, VA)

However, participants who described their entire community as accepting of their trans identity were in the minority. Similar to references to family, participants more frequently described supportive individuals rather than entire groups. For example, romantic/dating partners frequently appeared in the narratives.

Romantic/dating partners. Thirty-two percent of trans participants (1 transwoman, and 7 transmen) were dating or in long-term relationships with supportive cisgender women. Unfortunately, support from dating partners wavered at times.

“[My girlfriend] is super supportive of me,...but at the same time [she told me]...’[You’re] not the person I fell in love with. [You are] not who I want anymore’...then there’s times where she’s really supportive and wants to understand,...help me, and...be there for me...She goes back and forth...It hurts,...[but] I think she’s coming back around...” (Zane, age 22, WV)

One transwoman was in a dating relationship with a cisgender woman whom she perceived as supportive, yet her girlfriend insisted that the participant not modify her male physique. Transwomen in relationships with cisgender or “cis” men, usually found their current dating partners to be supportive. One transwoman described how her boyfriend demonstrated his support.

“There is a gentleman...[I’ve been seeing]...I don’t feel like sex object...I [feel] like a woman...[He] was willing to invest...[his] emotional self...” (Cynthia, age 51, WV)

Similarly, two transmen recounted their previous romantic relationships with supportive cisgender women.

“I came home every day from work and [cried]... [My girlfriend] would just sit with me and [tell me], ‘Do what you got to do.’ ...I didn’t like the way I looked and she helped me find awesome guy clothes. She was just as excited about all the things I got excited about...” (Jackson, age 24, VA)

Overall, 16% of participants (1 transwoman, 3 transmen) reported receiving support in previous romantic relationships with trans dating partners.

“[My ex who was trans and I]...went and changed our names together. We went to the doctor together [and] got our hormones together. She gave me shots for the first year and a half until we broke up.” (Zach, age 23, KY)

Another transman participant had recently been forced to end a polyamorous relationship with his cisgender and transgender boyfriends and confessed his grief over losing their unwavering support.

Friendships. Friendships included relationships with supportive cisgender and transgender individuals. Friendships also included best friends and roommates. The duration of friendships varied in that some originated in childhood or high school while others emerged after graduation or since the participants came out as trans.

“My [trans] friend and I have known each other since high school... We both identified as lesbian...[He] came out as transgender [after graduation]...He’s been there for me a lot, from...high school...up to now...He has went to events with me... We’ve done work in Washington, D.C. and the National Center for Trans...He’s a really good friend of mine.” (Zane, age 22, WV)

Twenty percent of the transmen participants continued to have contact with their high school friends via Facebook or face-to-face encounters.

“[A friend from high school] who had identified as lesbian messaged me...telling me that they were transgender...It’s a great feeling that someone could open up to me...” (Samuel, age 21, KY)

Heterosexual cis women friends were the most regularly cited (64%) source of social support by trans participants. Five transwomen and 11 transmen described having

supportive relationships with their heterosexual cis women friends.

“The women will flat tell you you're a girl. You've always been a girl. Ever since I started seeing you dressing I knew that you were a woman.” (Rebecca Lynn, age 61, KY)

Heterosexual cis men friends were mentioned by 56% of participants. Specifically, four transwomen and 10 transmen perceived their heterosexual cis men friends to be supportive.

“[My friend]...loves to hang out with me. He'll text me and [say], 'Hey, you want to hang out tonight, Ma'am?' ...He calls me Ma'am all the time now. He's very polite about it.” (Alice, age 29, TN)

A couple of transwomen noted how significant it was to receive support from cisgender individuals who were *not* LGBT.

“...It's great to have other trans people [as support, and]...in the LGBT circle everyone is cheering you on...[They] want to be cheered on too...It's not that outside support is more valid...There's [just] something comforting[when] people who are not like you... accept you.” (Helena, age 25, VA)

Heterosexual and LGB cisgender friends were a significant source of support for urban and rural trans participants.

Best friends. Friendships with individuals deemed as “best friends” were categorized separately as these friendships appeared to surpass general friendships in terms of participants' reported feelings of increased intimacy and closeness.

“When we were in high school and [people] would use female pronouns, [my best friend] would correct them. She'd [say], 'It's he. It's he.' ...She would do stuff like that even from the beginning when I'd first told her [I was trans]...” (Samuel, age 21, KY)

Some participants reasoned that the greater support they received from best friends was because the person was more “liberal.” Other participants thought their best friends were influenced more by religion.

“One of my...best friends...is very religious...I think her religion...[has] made her more accepting [of me]...She is very critical of the Bible and how people use it. Her husband will actually go through the history [of the Bible]...and [dispute] all [of] the passages...used to discriminate against [trans] people...” (Zach, age 23, KY)

Twelve percent of transmen said their best friends were heterosexual cis men.

“My best friend...has been amazing....He’s had some issues...with keeping the pronouns [and my preferred name] straight...He was terrified he would slip...He [said] ‘I don’t want to disrespect you.’ I [told him], ‘Don’t worry about it...You are my most supportive friend ever. You are amazing.’ [After that, he] managed to relax a little bit...” (Stephen, age 43, VA)

Another 12% of transmen reported that their best friends were gay cis men.

Additionally, a transwoman participant said her best friend was a heterosexual cis woman, while another transwoman participant described her best friend as a heterosexual cis man.

Roommates. Roommates represented another source of support often described in a separate, differentiated manner compared to other types of friendships. Three transmen recounted their supportive relationships with their roommates who were heterosexual cis women. One of the transmen described how his roommate supported him by being his spokesperson in the workplace in which they were both employed.

“[She]...has to answer all [of the] questions people don’t want to ask me...I guess they feel I’m... really sensitive. I am to some extent...They know [she] will be brutally honest...People won’t ask me directly, they ask my friends...” (Jordan, age 23, TN)

Notably, several participants reported having more frequent interactions with roommates compared to their best friends and family members.

Transgender friends. In addition to friendships with cisgender individuals, friendships with other transgender individuals comprised another significant source of support for some participants. Supportive relationships with other trans individuals often transcended geography. Regardless of geographic location, rural or urban, friendships

with other trans individuals were periodically reported. In fact, in the smallest town I traveled to in all of Central Appalachia, two transwomen lived in close proximity.

“...Becky lives a mile from here...She’s my biggest support... We are like-minded as far as...gender identity [goes]...This brings us together...I love her to pieces...” (Erica, age 58, KY)

Within participants’ hometowns, a few transgender friends existed, but not enough to create a transgender community. Some rural participants, however, had to travel long distances if they wished to interact with trans friends.

“There’s no social network [here]... If I want to hang out with people or do anything LGBT-related, I either have to travel to Roanoke or Blacksburg or even Radford... It gets really lonely.” (Stephen, age 43, VA)

Most participants who lived in rural areas went online to connect with other trans individuals. Twenty percent of participants (1 transwoman, 3 transmen) stated that online communities were a valuable resource and allowed them to connect with supportive trans individuals who also lived in Central Appalachia. Another important mode of contact was the telephone.

“I’ve got a [trans] friend who lives in Berea... We talk a lot. We’re on the phone most every night for an hour or two...” (Erica, age 58, KY)

In terms of the gender identity make-up of transgender friends, 28% of trans participants (2 transwomen, 5 transmen) reported having supportive friendships with transmen and another 20% (3 transwomen, 2 transmen) had supportive friendships with transwomen.

“My [trans] friend Charlie went with me [to counseling] the first time... We’ve been best friends for three years...I remember us crying a lot together...” (Jordan, age 23, TN)

Some participants (36%) did not specify the gender of their trans friends (3 transwomen, 6 transmen).

“[My trans friends and I can] relate to each other. [I’ll say], ‘This person at the store said this or acted weird around me,’ and [they’ll say], ‘Oh, I totally get it,’ ... We...all have these awkward and funny, in hindsight, stories...” (Helena, age 25, VA)

Regardless of gender identity, cis or trans, friendships with one’s “chosen family” was vital for some participants who lacked support from their biological family.

“...I get more support from my homophily...,my created family, than I do my actual family...” (Charlie, age 24, TN)

Support from cisgender and transgender friends took place in a variety of arrangements including general friendships, best friends, and close relationships with roommates.

Consequently, support within friendships was provided by different individuals in diverse arrangements all of which proved to be significant sources of support.

Medical providers. Medical personnel comprised another sub-category of support.

Twenty percent of participants recalled supportive doctors, nurse practitioners, and hospital staff. A transman recounted the support he felt from his medical doctor including the procedures used in the waiting area.

“There was no gendering at all in the [doctor’s] office. There [were] no pronouns...That’s good not to assume anything.” (Jordan, age 23, TN)

All other participants in this sub-category were transwomen. Again, the waiting room atmosphere seemed supportive to one transwoman.

“... My doctor... [is] very, very supportive...[She] recognizes me as a transgender person...Her and her staff [are] very friendly. The pronouns are what I expect...[and] sitting in the waiting room has not been a problem...[After] I came out to her...she said,

‘... I had one other trans patient...[and] I know from [working with her]...some of the things that you may be going through...what kind of blood work... [and other] things to check...’ [She also made]...some suggestions as to...skin care.” (Michelle, age 64, KY)

Furthermore, even if a doctor was not overtly personable, simply being open minded and accepting was viewed as supportive.

“My doctor [is]...the only doctor in the immediate area who treats trans people...He’s not warm and fuzzy...,but he’s always asking me, ‘How are things going? How is your family?’ [He treats me]... like a normal person.” (Helena, age 25, VA)

In some cases, supportive medical personnel disclosed having transgender family members.

“... The nurse practitioner [at the Women’s Clinic told me that]... her sister used to be her brother.” (Cynthia, age 51, WV)

Support from medical personnel could come from all staff, from the receptionist desk to the waiting room to the examination room.

Mental health providers. Supportive mental health service providers were mentioned by 36% of participants. Supportive mental health providers were frequently located on college campuses and some Veteran’s Administrations or VAs. One transwoman described her supportive experiences with mental health providers in two different VAs. One of the VA therapists was perceived as particularly supportive.

“I have a therapist at the ...VA that [I’m] quite pleased with...She’s been there for me...[as] a shoulder to cry on...” (Cynthia, age 51, WV)

Another setting that often contained supportive mental health service providers was college campuses. In fact, 32% of trans participants (4 transwomen, and 3 transmen) reported supportive interactions with mental health providers at colleges and universities located throughout Central Appalachia.

“I went to counseling [on campus]...He was really good. We...talked about gender things.” (Jordan, age 23, TN)

“I started transitioning at the very beginning of grad school...I...started seeing a counselor...She was so helpful [to me in] dealing with the emotional aspect of transition...” (Helena, age 25, VA)

The combined support of mental health and medical service providers appeared to facilitate the physical and emotional aspects of coming to terms with participants' transgender identity and then realizing a physical transformation.

Even though several participants were surprised by the amount of support they received from medical and mental health professionals, a glaring lack of transgender-specific resources remained. Some participants wished to migrate out of Central Appalachia based on a lack of transgender-specific resources in the region.

"It's a struggle trying to find a therapist to go to...[and there are no trans support groups here]..." (Samuel, age 21, KY)

There was also a notable absence of gender specialists.

"There are no [gender specialists] here...Bigger cities...almost always have a doctor...who is affirming and willing to help. Those resources are hard to find [here]...The fear of not being able to find [resources] and getting started with [transition]...is a pretty scary place to be...I'm sure it's easier in Kentucky and the Carolinas, but here it's hell." (June, age 25, TN)

A lack of medical and mental providers influenced another participant's transition.

"Trying to find providers is damn near impossible. It's hard to transition in any place that's rural. I think it's harder in rural Appalachia than a lot of places just because we're...so conservative and anything that's different is viewed as wrong and it has to be cleansed... [but] it's changing...very slowly." (Stephen, age 43, VA)

Another participant described her desire to move away from her family and Appalachian culture due to the discriminatory laws and other barriers which hindered the transition process for her.

"...As much as I love Appalachian culture and ... my family...I have no love for Tennessee...as an institution. No, I don't love being trans in the south. If I could move right away..., I...would,...anywhere above the Mason Dixon line..." (June, age 25, TN)

Sometimes participants wished to move due to a lack of employment opportunities.

“It’s better than I thought it would be [living here which is] ...cause to be optimistic,...[but] there are no queer archives here...I think I’ll have to look elsewhere [for a job.]...I’ve [always] been drawn back to these mountains. It’s a beautiful region. I’ve got roots here...Maybe I’ll retire and come back...A part of me will always be in this region.” (Kat, age 26, TN)

A transman talked about moving away from his rural hometown to go to college in a bigger city and in doing so, might also solidify his identity in a new place.

“I live in a rural area,...[but] I’ll be moving to Georgia in a couple weeks [to go to college]...I’ll hopefully get a job there and start using my chosen name.” (Jay, age 19, TN)

Larger cities were also viewed as potential places of respite.

“I think it will help me to move to Atlanta, where it’s a liberal place to live. We call it ‘queer battle fatigue’ here.” (Jordan, age 23, TN)

However, moving to a larger city did not always provide a more accepting community for participants.

“I moved to [the city because]...I needed more social acceptance...[however,] the gay community is not as accepting [here]...It’s very divisive.” (Cynthia, age 51, WV)

Lastly, Central Appalachian culture was not always appealing.

“...I’ve had a really smooth transition,...[but] I want to move to the northeast or the northwest...I miss the culture up there and it seems more accepting...Part of the culture here is to be...outwardly friendly to people [and]...that...has been nice,...but you...don’t really know [what people think about you]...[Whereas] in the north, people are less likely to pretend to be nice to you.” (Helena, age 25, VA)

Not all participants wished to move, however. Even in the smallest of towns, some participants wished to remain. A transwoman who had lived nearly her entire life in a small hamlet in Eastern Kentucky commented that the advantages of living in a small town outweighed the disadvantages.

“In a small town, there’s goods and bads... You have no anonymity. Everybody knows your business. Everybody knew...your family...[After my transition,] I was a

phenomenon, just something to gossip about,...[but] once they saw I wasn't going to be some flamboyant flaming drag queen...it basically died out...In the long run, it's better to live in a small town like this..." (Blossom, age 59, KY)

Similarly, the viewpoint of another transwoman in Virginia was quite optimistic.

"I couldn't imagine anything better. Between the derby team, [my co-workers],...my whole family,...[and] PFLAG...I feel like I couldn't be blindfolded and throw a rock without hitting someone that's there to support me." (Rebecca, age 27, VA)

Overall, more participants wished to move compared to those who wished to remain in their Central Appalachian communities. Younger participants especially, transwomen and transmen in rural and urban locations, frequently voiced a wish to migrate out of the region.

Religious/spiritual sources. In addition to mental and medical health providers, other groups that sometimes provided support were religious or spiritual communities. In fact, religious and spiritually affiliated individuals were vital sources of support for some participants. Various congregations including Unitarian Universalist, Nazarene, Reform Christian, and non-denominational churches were perceived as being or having at least some supportive members. Twenty-four percent (4 transwomen, 2 transmen) of participants described having supportive experiences with pastors and/or congregation members. In one case, a pastor communicated his staunch support for the trans participant.

"[My minister said,] '...I understand that you're going through some things and it's not for me to judge what's going on with you... Some people will support you while others won't...[but] the moment I hear somebody...say you're not welcome in this church, I won't be [here] anymore [either].'" (Michelle, age 64, KY)

In another instance, a pastor and a congregant offered assistance to a transwoman church member who was experiencing a financial hardship.

"...I was living in my vehicle. The minister [said], 'Here's \$400...Fix your vehicle, buy some groceries'...[and then another member] of the church...gave me a bag of groceries

and \$100 and some razors, because I have to shave my face everyday...” (June, age 25, TN)

God proved to be a significant source of support for a transwoman participant as she described sensing the presence of God throughout her transition.

“I’ve always had a strong religious commitment... I don’t think I would be alive [without it]. It’s prevented me from being suicidal or... taking action on suicidal thoughts...[God has] always been telling me, ‘It gets better.’ I know...everything’s not going to be perfect..., but...it will get better.” (Michelle, age 64, KY)

Two participants said they avoided churches after having experienced rejection for their trans identities. However, one of these participants, a transwoman, found spiritual solace in an LGBT Bible group she discovered on campus.

“...There was this local Bible study group on campus...[that] was LGBT themed...That was one of the first places I started to come out [as trans]...They were all very understanding...[and showed me] immediate acceptance, kindness, and a willingness to help...” (Helena, age 25, VA)

Familial affiliation with conservative religions however, did not always mean a lack of support for trans individuals. Twenty-four percent of trans participants (3 transmen, 3 transwomen) reported having supportive interactions with individuals affiliated with conservative religions.

“[My cousin]...was surprising...She sent me a message [of support] on Facebook...I was shocked she cared...She’s... one of the most religious people in my family...[Her] husband is in the Baptist Ministry.” (Jordan, age 23, TN)

Not all participants perceived churches as supportive. In fact, some churches and religious faiths were a source of emotional pain for participants. Some reported experiences of rejection from individual congregants or from the church as a whole and felt disenfranchised from the faith, itself. Two participants had family members who were ministers in conservative religions. Twenty percent of participants reported having

family members who espoused ultra conservative views that were rejecting. One transwoman described having positive feelings for her brother who is a minister, but she was also aware of the limitations of his acceptance within the religious sphere.

“[My family are]...strict...old regulars of Primitive Baptist. Very, very religious family [who]...believes [it’s]...a sin for a man to wear women's clothing... My brother...is a preacher in the church... He calls me Brister... ‘Br’ for brother and ‘ister’ for sister, Brister. [My brother]... is just a really good man... as good a man as I’ve ever met in my life. He lives his faith...,but he’ll...[say] straight up, ‘You can’t come down here to church.’” (Rebecca Lynn, age 61, KY)

One transman attended a church with his family every Sunday even though he did not feel affirmed by the church or his parents. He stated he did so in order to maintain harmony within the family.

Overall, supportive churches existed throughout urban and rural regions throughout Central Appalachia. However, churches as a whole were not always supportive towards trans participants. The focus now turns to other sources of support frequently described including transgender support groups, the workplace, neighbors, and academia.

Transgender support groups. Transgender support groups represented another potential source of support. Like churches however, not all transgender support groups were perceived as safe havens for trans participants.

“Honestly, I’ve had better support from LGB people...than just trans people...Apart from [a couple of supportive trans friends]...[I’ve not]...had good experiences in support groups.” (Kat, age 26, TN)

Three transwomen and a transman stated that they had reached out to their local transgender support groups and had had negative experiences. A transwoman discussed how uncomfortable her trans boyfriend felt when they attended the group.

“[My trans boyfriend, a transwoman friend of mine, and I]...went to a trans group... It was a really bad experience. One of the transwomen was talking about how bad all

transguys were except [for my boyfriend]...He's the exception, 'of course,' because he's sitting right there. It was just uncomfortable...There was another [group member] who was completely left out... We didn't go back.” (Kat, age 26, TN)

Another transman described how he felt alienated from his local transman group.

“...There's one group...It's awful...They'll deny you access to their group for not being 'trans enough'...[It's] just some boys' club that's misogynistic and invalidating...It's [a]... white, upper class male thing that they want to keep going...” (Jordan, age 23, TN)

Another transwoman who initially identified as a “cross dresser” received no reply to her inquiry to an online transgender support group. Three other participants recalled how another transgender support group in the Central Appalachian region had group members they described as very judgmental, cloistered, and who shunned any transwomen the group members felt did not pass, did not wish to pursue GRS, and/or identified as queer.

Thankfully, supportive trans groups did exist on the border of Central Appalachia.

However, to reach this support trans group, trans participants in more rural areas had to travel long distances, which proved to be a hardship for some.

“Further east and...south...distance becomes...more of an issue...[If one has]...to stay overnight that costs money and it just gets to be harder and harder...to do. To my knowledge, I don't know of any support organizations at all in [Eastern Kentucky].” (Serena, age 44, KY)

Multiple participants received support and acceptance in a transgender support group that met in Lexington, KY. Four transwomen reported that they periodically attended this particular transgender support group and perceived it to be a significant source of support plus an opportunity to socialize with other trans individuals. This particular trans support group was deemed supportive, but was not situated within Central Appalachia. The trans support group in Lexington, KY group provided initial contacts for this research study.

Several trans support groups that were located in Central Appalachia, however, were frequently described as unsupportive by participants. Interestingly, one trans support group spokesperson I had reached out to said he did not wish to pass on the study information to members who regularly attended the trans support group members based on previous researchers who had “betrayed” the group members by casting the group in a negative light. However, it was some of the participants themselves, not myself, who said the trans support groups in the region seemed to be unsafe and invalidating spaces. A few transmen did find a transmen support group helpful, but the majority of participants did not.

Online support groups represented another significant source of support for two transmen participants. Affiliation with other transmen via online support groups seemed especially important during their early stages of transition. An online transmen support group had members who also lived within the Central Appalachian region. A young transman in the study discussed how important it was for him to find this supportive online transmen group.

“...I usually try to find some sort of support online, which I did actually come across a site which is specifically [for] transgender people...They are really nice. [It’s a] good place for me to go.” (Samuel, age 21, KY)

Online support groups offered another connection for some trans participants to reach out to other trans individuals living in Central Appalachia.

PFLAG represented another significant source of support for some participants (12%) and their families. Even though gender minorities are not represented in the PFLAG acronym, the organization appears to be a vital source of support nonetheless. In fact, after coming out as trans, one transwoman’s mother not only changed her views on

sexual and gender minorities, but also became an active member in the local PFLAG chapter. In her role, the participant's mother was able to offer support to several trans and LGB individuals in the community and their families.

"[My mom]...was kind of alarmed at first, but never [said], 'You're going to hell,'... I think this whole experience has changed her views.... A couple of years before I told her [I was trans,]... I remember having conversations [where she said], ... 'Gay people can do what they want. I just don't know about them getting married.' [Since coming out as trans]...she's a champion of the PFLAG group in town...[and]...always hard-core volunteering." (Rebecca, age 27, VA)

The inclusivity and support provided by his local PFLAG chapter was described in the narrative of a transman in the study.

"I became really heavily involved in PFLAG...The whole leadership team has just been super on board with my transition...[by] trying to be more trans inclusive...[They've offered me] kind words and excitement." (Jackson, age 24, VA)

Transgender groups were a mixed bag for some. Some transgender groups were supportive while others were not. Sadly, there seemed to be more unsupportive than affirming transgender groups that participants had attended. Only one transgender support group that truly was supportive for a couple of transmen was located within Central Appalachia. The only other supportive trans group mentioned existed on the border of this region. Transgender support groups were sometimes invalidating and inaccessible to certain trans individuals. However, online trans support groups helped address this need. Local PFLAG chapters in Central Appalachia also provided support to different participants and their families. Interestingly, however, the workplace often contained more supportive and affirming individuals than transgender support groups.

Workplace support. Support within the workplace might include non-discriminatory and inclusive company policies, and/or accepting co-workers, supervisors, human

resource staff, and customers. Company-wide support was reported by 40% (4 transwomen, 6 transmen) of trans participants who perceived their current or past place of employment as supportive. Supportive companies included factories, retail stores, service stations, mental health agencies, health and wellness businesses, and facilities located on college campuses. One nationally known company was in the process of modifying its business practices and workplace policies in order to become more trans inclusive. Executive level employees had sought out a participant's input after she initiated a request for the company to become more trans inclusive.

"...[The company] asked me to help them create a policy...I was on a conference call with...a few corporate people...They asked me a lot of great questions and...let me...educate them about transgenderism[,],...gender queer [issues],...gender itself, [and] sexism....That was really empowering." (Alice, age 29, TN)

Support was provided in a variety of ways by a diversity of staff members in different positions.

Supervisors and human resource staff. Supervisors and store managers from a variety of employment domains were found to be supportive by nearly 56% of participants (4 transwomen, 10 transmen). Sometimes managers role-modeled acceptance of their trans employees and admonished any disrespectful employees.

"There was a girl that I went to high school [who was] working [with me]... She told everyone...[I was transgender]...[so] I [went] to the manager and ...[my manager told me], 'I'll take care of it'...[My manager] never once saw me as anything but male. She seemed fully supportive with everything and she didn't even know of things like that...so it was very nice of her to help out like she did." (Samuel, age 21, KY)

Twelve percent of participants (1 transwoman, 2 transmen) reported having supportive exchanges with human resources staff who helped them find gender neutral or private bathrooms to use during work hours.

"I'd been going to the women's bathroom,...but I kept getting looks and I [didn't] want anybody to hurt me... [However,] I [also didn't] want to go to the men's because ...all

these people... went through training with [me before I had transitioned]...[Human resources staff] actually allowed me to use [their]...private bathroom. I was allowed to go to the men's bathroom up there..." (Lance, age 28, KY)

Additionally, names were sometimes changed on posted schedules and other work-related material to match one's preferred name. A transman participant however said he had to wear a name tag bearing his birth name since he had not legally changed his name yet even though the company itself was GLBT friendly. The company refused to provide a name tag that did not match his employment paperwork. The reverse was true as well. Individual supervisors and managers periodically demonstrated support for their trans employees within a discriminatory corporate structure. Aside from some managers and administrative staff (i.e., Human Resources personnel) and co-workers also provided significant support to numerous participants.

Co-workers. Co-workers were sometimes collectively supportive towards a trans employee. Several participants described having specific supportive interactions with co-workers.

"I was working at [a local factory in my hometown]. Everyone...was super supportive. They instantly started calling me [Lance]...I [literally] came in one day with long hair and came in the next day with all of it shaved off..." (Lance, age 28, KY)

Another transman divulged how his supportive relationships with his co-workers helped offset a lack of familial support.

"[The majority of my support comes from]...my coworkers... We're a family...I can call any of them at any hour of the night and talk to them if I need to." (Jackson, age 24, VA)

Fifty-six percent of participants (5 transwomen, 9 transmen) said they had close and/or supportive relationships with cisgender women co-workers. In the previously mentioned example of a transman having to wear a name tag that bore his birth name, he described how a cisgender female co-worker demonstrated her support.

“One of the girls saw my name tag last week and [asked]... ‘Why does that still say Brittney?’ I told her, ‘Legalities. I haven’t [spoken]...to the head supervisor guy [yet].’ She rips off my name tag...and says, ‘Well, I guess we’re going to have to get you a new name tag.’” (Bryce, age 23, KY)

Forty percent of participants (4 transwomen, 6 transmen) reported receiving support from their cisgender male co-workers.

“[I was really worried about a particular co-worker],...but it turned out he was...actually pretty cool with [my trans identity]...He told me, ‘I always thought you were a good person and I don’t see this as changing...Anytime you want to...stop in and have a drink and we’ll talk...Another [co-worker had been] my shuttle buddy [in the coal mines]...For the longest time, he didn’t want anything to do with me, but...now...we talk...and he actually calls me ‘Blossom.’” (Blossom, age 59, KY)

Male and female co-workers provided support to several participants, especially transmen. This support provided by co-workers was appreciated by transmen and transwomen participants.

Customers. Customers comprised another source of support for some participants.

One transwoman had owned her own business in a very rural town and received patronage from cisgender men and women who frequented her business. A patron came into her place of business and demonstrated her support by disclosing her own transgender son’s identity.

“...A client of mine walked into my [beauty/barber] shop...[and told me] her son used to be her daughter...” (Cynthia, age 51, WV)

Two trans participants (1 transwoman, 1 transman) reported supportive exchanges with customers who came into their place of employment.

(Exchange at a gas station) “[A customer comes in and says] ‘Hi, dear/sir. I guess you’re a sir now, right?’ [I replied], ‘Yeah. You got it’ ... If someone’s willing to come in and just put everything aside that they’ve known...and [say], ‘You’re a sir now?’ I’m like, ‘Honey, I love you. I will bend over backwards to make your life a better place because you just recognized me for who I am and decided that that was worth respecting.’” (Stephen, age 43, VA)

Unfortunately, some places of employment were not at all supportive. One transman was currently in litigation with a company for blatant discrimination based on his trans identity. Similarly, another transman had suffered bullying from other co-workers and a supervisor. Some participants waited until retirement before they transitioned. A transman and a transwoman said they did not feel comfortable revealing their trans identity at their current place of employment due to its perceived conservative climate. These participants felt they could potentially lose their source of livelihood which was especially risky in a region fraught with economic disparity and limited economic opportunities. Overall, however, the workplace represented vital sources of support for the majority of trans participants.

Neighbors. Neighbors were a perceived source of support for 32% of participants. The size of the community was inconsequential. Neighbors were particularly supportive toward participants who had been out as transgender in their communities for an extended period of time. One particular transwoman recounted how she relied heavily on the support of her neighbors in her tiny community in Eastern Kentucky.

“[My wife and I] have a really good relationship with the neighbors...They think the world of [us]...[They’ve] let me live my life as I saw fit...The next door neighbor Ted and I have a better relationship...than ever before.” (Blossom, age 59, KY)

She also described how her cis male neighbors became more supportive after she educated them on trans identity and assured her neighbors that she would not be flashy or “flamboyant.”

“...[My friends,] Steve and Jake live right across [from] here... When I came out to them...they seemed dumbfounded...[and] stunned...They didn’t really know what [transsexualism] was...I explained...[that] I didn’t plan to be some big flaming drag queen...[whose] going out in ball gowns in the middle of the day...They were a bit reserved [at first], but now [our friendships] are actually stronger and...[we] get along better now than ever...” (Blossom, age 59, KY)

In both cases, she remarked on not only how her neighbors eventually “came around” to accepting her trans identity, but how her relationships with them deepened over time.

Supportive neighbors were also described by another transwoman who lived in a more urban area in Central Appalachia. She commented on how the neighbors in her apartment building exhibited support by assisting her during emergency situations related to car trouble.

“My neighbors are really cool...They do a lot of volunteer work at churches around here...They’ve driven me to work when my car broke down...[and] helped me jump [my car] a couple times...” (Alice, age 29, TN)

Neighbors could prove to be good friends and/or a dependable source of assistance. Another source of support for some participants was institutions of higher education.

Academia. Professors, students, and administrative personnel associated with colleges and universities throughout Central Appalachia were cited as prominent sources of support by nearly half of the participants (48%). This percentage does not mean that nearly half of the participants were currently students, rather some participants described past supportive experiences they’d had as a college student. Nearly all of the participants had attended some college or technical school (99%).

Classmates. Classmates and in some instances, the entire campus community, represented a notable source of support for several participants. Forty eight percent of participants reported examples of support from fellow classmates. For example, a transman described supportive experiences with classmates in his social work program.

“For most of [my classmates], I’ve been the only transgender person that they have ever met and they’ve all been like, ‘Having you in classes has been so incredible because it’s allowed us to see a different side of things and to understand the transgender viewpoint and...the chance to get to know someone who is transgender...’ They’ve been amazing.” (Stephen, age 43, VA)

Twelve percent of participants reported having supportive undergraduate classmates and slightly more (16%) participants reported having supportive classmates at the graduate level.

“Everybody in my [graduate] program...has...been really supportive...They’ve gotten a lot better as time has gone [by]...with pronouns...” (Charlie, age 24, TN)

Overall, support and acceptance were recounted at both the undergraduate and graduate levels.

Professors. Professors made up another regularly mentioned sub-category of support for some trans participants. Forty percent of participants including seven transmen and three transwomen recalled how professors in a variety of disciplines were quite supportive of their trans identity. A transwoman remembered how understanding her professor had been when she was experiencing aversive issues related to her transition.

“...Earlier this semester, I...was having problems getting my hormone therapy...It’s...like going through menopause...I missed a lot of class because I was sick all the time and I didn’t have a doctor’s note...[However,] my teacher...was really supportive...” (June, age 25, TN)

The wide array of academic disciplines that professors represented included: Botany, English, Gender Studies, Music, Psychology, and Social Work. One transwoman described coming out to her music professor in the middle of a guitar lesson.

“I [wound] up coming out to all my professors...[One professor said], ‘Oh really? That’s interesting...If you need anything let me know. [Now] let’s get on with the guitar lesson...’” (June, age 25, TN)

Women and Gender studies and Psychology courses housed the most supportive professors according to participants. Twelve percent of participants described supportive experiences with professors in the Women and Gender Studies department.

“All of my professors have been super affirming...Some of them are in gender studies, so that lends itself to being accepting of trans people...” (Kat, age 26, TN)

She also recalled how the same department implored her to create a blog detailing her experiences as a transwoman. This request later inspired her to continue this endeavor in a more personal way.

“[The Women and Gender Studies Department]...accepted me as a woman completely. They actually asked me to write about trans issues on the Women's Studies blog, which is part of what got me writing my own blog and getting my name out there.” (Kat, age 26, TN)

Similarly, 12% of participants recalled receiving unwavering support from their Psychology professors and classmates.

“Most of [my classmates] are psychology majors, so they understand [trans identity]...” (Zach, age 23, KY)

“Most of [my professors have been]...psych professors. I've come to learn acceptance from them is pretty much guaranteed.” (Mateuz, age 23, KY)

Some participants related supportive experiences from either classmates *or* professors, however, 20% (4 transmen, 1 transwoman) of participants perceived their entire campus community as supportive of their trans identity.

“I haven't really had anyone treat me...less than a normal girl,...just a normal girl going to college.” (June, age 25, TN)

Thus far, sub-categories of support have included familial and non-familial sources of support. Many sub-categories of support emerged. Vast numbers of supportive exchanges occurred within family, friendships, medical/mental health, churches, transgender support groups, workplace, neighborhood, school, and local PFLAG chapters. Nineteen non-familial sources of support were referenced compared to 12 immediate familial and 13 extended familial supports. Detailed descriptions of the diverse sources of support have been explored, therefore the focus now turns to the three

main sub-categories that encompassed common types of support that participants perceived.

Types of Social Support

Social support manifested differently in the lives of trans participants. Thematic analysis of participant interviews revealed three main sub-categories of types of support which were identity, emotional, and practical support. Identity support encompassed a wide diversity of sub-categories. There were 15 sub-categories of identity support contained in the participant narratives. Three sub-categories of emotional support and four sub-categories of practical support were described. Interpersonal or affectionate sub-categories of support that did not appear directly related to the participant's trans identity were subsumed under emotional support. However, whether a positive behavior was provided to the participant in general or was more specifically related to their trans identity was not always clear. Therefore, the context of the material was taken into consideration and follow up questions were sometimes asked to clarify the sub-category of support being described.

One could argue that you cannot separate an individual from salient social locations. For example, if a woman gets support, is it always the case that the other person is accepting of her gender? Is the support being offered because of or in spite of her gender? Consequently, I tried to rely primarily on how the participants interpreted the situation. In reality, it may be that all support relayed to a trans individual is in some way implicit identity support. This did not seem to be the case, however, in situations where the family provided financial support, but withheld identity support.

Identity support. Identity support refers to perceived behavioral and/or verbal support directly related to the transition or trans identity of the participant. Identity support was conveyed through a joining between the trans individual and supportive others before, during, and following the transition process. Joining or participating in the transition process seemed to provide extra confidence and courage to the trans participant as they underwent gender identity exploration and the transition process.

For the purposes of this analysis, transition is non-specific term used to refer to any movement along the gender spectrum that approximates or represents the participants' evolution of self. The transition process was different for everyone. For example, some participants felt content to take hormones and to change their style of dress to align with their sense of gender while others desired to obtain top surgery. Others wished to have full gender confirmation surgery.

No matter the degree or type of transition, there existed several points at which supportive others could be helpful and validating of the trans participants' identity. In sum, 15 sub-categories of identity support were identified and included: Encouragement and affirmation, mentorship and trans visibility, referential support, surgical and non/surgical support, appearance support, preferred gendered treatment, corrects self or others for misgendering, equal treatment, comfort around trans individual, ally and advocacy support, acquiring information about trans identity, awareness of trans accessibility, acknowledgement of societal contributions, a sense of protectiveness of trans participant, and a lack of negative treatment.

Encouragement and affirmation. Encouragement to transition or come out as trans and to embrace one's trans identity were perceived as powerful sub-categories of identity

support. The sub-categories seemed particularly vital in the early stages of coming out and transitioning. Two participants reported that others let them be themselves and encouraged the participant to dress in their preferred clothing.

“My [gay] friend [and I]...ran around together...and that’s when I began dressing up part time again...He would take me [places]...,to see different people...He got me out [of my house]...” (Diane, age 39, KY)

Another 16% of participants described how others helped them deal with the emotional aspects of transitioning which was imperative when the participants were feeling negative towards their bodies.

“...The most important thing people have done is [being]...patient with [me]...when I’m beating myself up over...hating my body for being this in-between...” (June, age 25, TN)

Initially, encouragement could be communicated by others when they simply said positive things about trans individuals in general. Further on in the process, 12% of trans participants described how others had encouraged them to present as male or female while another 20% said others encouraged them to transition. One transman recounted how his best friend gave him the nudge he needed to proceed in his transition.

“[My best friend told me], ‘Just stand up and do what you need to do and not give up’...She definitely pushed me to continue to move forward.” (Zane, age 22, WV)

Two transwomen participants described how others had assisted them in coming to terms with their trans identity and helped them realize their “true self.” Two other transwomen recalled how others encouraged them to be more out and authentic in their interactions with loved ones and the broader community.

A more intense form of encouragement was affirmation and even excitement that others sometimes communicated to participants. Sixteen percent (four transmen)

reported the excitement they witnessed from others as they transitioned and how positive and unexpected this was for them.

“...This guy and girl I...went to high school with...[were at this party]... I’d...been on hormones for a little while....She ...was just so excited [for me]. It was nice to see...excitement [in others]...[Then my]...guy friend....walked up to me and [said,]’ I have full respect for you just for following through with everything and not letting other people get in the way of that.’ That was really nice to hear and that showed a lot of support. I didn’t expect it at all.” (Samuel, age 21, KY)

Twenty-eight percent of participants cited affirmation from the others as supportive of their identities. Two other participants said others were supportive when they told the participant how proud they were of them for transitioning.

Mentorship and transgender visibility. Affirmation of one’s trans identity by similar others and connection to affirming groups were other important types of support that facilitated the transition process for many participants. Throughout the transition process, having mentors and role-models in the community provided a significant source of support for several participants. Merely observing another openly trans individual in the community was influential to 12% of the trans participants, especially for those who resided in more isolated, rural communities.

“[Rebecca Lynn],... another transwoman in the community [helps me]...just by being there..., just by physically being there, and never being judgmental...” (Erica age 58, KY)

Seeing another trans individual in the community or even knowing of a trans individual who was living authentically in a small rural community was inspiring for a transwoman living in a larger community.

“She’s down in [a rural county] somewhere... She’s full time these days, living with her girlfriend. It’s amazing! She transitioned on the job. I just can’t imagine doing that in her circumstances,... but she did it...God bless her. She’s still down there...It certainly built up my confidence...to be able to go out and not expect everybody in the world to think I’m a monster because of my gender issues.” (Serena, age 44, KY)

Introducing trans participants to other trans individuals was another sub-category of identity support under the theme of mentorship. Mentors sometimes became friends and role-models. Forty percent of participants described role modeling ($n=1$) (transwoman) and mentorship ($n=9$) (2 transwomen, 7 transmen) as meaningful types of support in their lives. At its most basic, meeting someone who is trans might mirror one's unrealized inner gender and validate any unexplored feelings and questions about one's gender identity.

“Getting to meet [my first transman] and... hearing his story and coming out of that thinking, ‘Oh my God. This is truly me. This is who I am...’” (Stephen, age 43, VA)

Two other transmen recalled how supportive it was to begin hormone therapy with other trans men. Identity support also came about by having trans role models or simply observing other trans individuals in the community.

Referential support. Referential support refers to any support related to the use of one's preferred name, pronouns, and recognition of a role change. Using one's preferred name and preferred pronouns was paramount to communicating support. Twelve percent of participants reported how loved ones had assisted them in creating their preferred names. For example, one transwoman collaborated with her mother to form her new name, a memorial to cherished loved ones who had passed away.

“When I came out to my mom...I asked her what I was going to be named if I had been born female....She said, ‘[I] was going to name you after your two grandmothers, Blossom and Louise’. I told her I would be honored to take [those names]...She [got] a tear in her eye...” (Blossom, age 59, KY)

The use of one's preferred name was noted to be supportive by 68% of trans participants. After one's name had been created and disclosed to others, the use of the preferred name was of ultimate importance to many participants.

“...One time [mom] called me [at work] and asked for ‘Stephen’ and called me sir. I thought I was going to faint on the spot...[I] almost broke down in tears...It was the most amazing thing in the world.” (Stephen, age 43, Virginia)

Some loved ones compromised by referring to the participant by the first letter of the participant’s name. This attempt was a compromise of sorts that allowed family members to offer support to the two participants and still appease unsupportive parents. Similarly, the use of corresponding pronouns was noted as supportive by nearly 72% of participants. The use of one’s preferred name and corresponding pronouns was a sign of respect and acknowledgement.

“[Using correct] names and pronouns [is] a big thing...” (Lance, age 28, KY)

Another modification that often accompanied one’s transition was a role change within the family. When others acknowledged the participant’s role change within the family, this also represented identity support. Twelve percent of transwomen participants said being referred to as female instead of male was quite important. Moreover, 16% of participants reported that they felt supported when loved ones referred to the participants as sons rather than daughters, uncles instead of aunts, and boyfriends rather than girlfriends. One transman talked about receiving this sub-category of referential support from his mother.

“...My mother tries, God bless her. She's actually getting used to calling me her son, which is a lot because she's from Ohio...It's not like she's from Nevada or somewhere...liberal.” (Bryce, age 23, KY)

In another instance, a transwoman recounted how her sister embraced the participant as her sister rather than her brother.

“My sister...was the only girl [in the family] and she always wanted a sister, so when I finally told her, she just broke down and started crying [saying], ‘I always wanted a sister.’” (Rebecca Lynn, age 61, KY)

Another transwoman described how her mother took pleasure in acknowledging that her son is now her daughter.

“[Mom] refers to me glowingly as her daughter.” (Kat, age 26, TN)

Fathers became mothers, grandfathers became grandmothers, aunts became uncles, sons became daughters, girlfriends became boyfriends and so on in the eyes of many loved ones. Referential support in the form of preferred names, corresponding pronouns, and role changes appeared to provide a bedrock of identity support of which all other subtypes rested on. In addition to the modified words and role changes, there was also a degree of external transition which provided further opportunities for identity support.

Surgical and non-surgical support. Direct transitional support was sometimes provided through hormone prescriptions from medical personnel as detailed by 16% of participants. In another instance, hormones were obtained through non-medical personnel. One transwoman’s spouse purchased female hormones when she traveled back to her home country where female hormones were sold over the counter.

“I was a bad girl...[My wife] went to the Philippines in '94...and brought me back a bunch of...Premarin.” (Blossom, age 59, KY)

A transman participant described how his aunt had assisted in his hormone injections.

“[My aunt]...gives me my [testosterone] shot every two weeks.” (Samuel, age 21, KY)

Others were supportive in less direct ways such as accompanying the participant to obtain a double mastectomy or “top surgery” as recounted by one transman.

“My girlfriend...and cousin went with me [to get my top surgery]...They could share driving on the way back [from Florida]. We had a blast!” (Lance, age 28, KY)

Accompanying a trans participant and/or caring for them following a surgical procedure was viewed as a type of identity support reported by 16% of participants.

Appearance support. Appearance support refers to gendered or sex-typed clothing or helpful instruction on how to apply make-up and/or fix one's hair in a gendered manner. Some of the transwomen in the study commented on how they had never been instructed on how to apply make-up or fix one's hair in a feminine manner.

"My first cousin [is]...real supportive...[She lives]... just... barely up on the hill...She's always [telling me], 'Go for it, honey,'...[She'll] tell me anything I need to know about [putting on] makeup..." (Rebecca Lynn, age 61, KY)

Twenty-four percent of trans participants reported that supportive others had accompanied them or purchased gendered clothing for them. A transwoman described how a friend of hers would give her women's clothing or buy it for her at local yard sales.

"[My friend]...would give me clothes...[and] buy me stuff at yard sales...If she had something she couldn't wear, she would give it to me..." (Diane, age 39, KY)

Another transwoman recalled how her spouse actually made her clothing to wear.

"[My wife] would always make sure...to make me a new gown...every time I would go to...Southern Comfort Conferences...She would keep my clothes tailored...[and] anytime she looks for clothes for herself she will also look for clothes for me..." (Blossom, age 59, KY)

Patronizing a local store or traveling to a larger town to purchase desired clothing items was commonly perceived as a sign of identity support. Twelve percent of participants, two transwomen and a transman, described how they obtained support in the form of assistance with hairstyles. Two transwomen mentioned receiving support in obtaining and learning how to apply make-up.

"[Mom] would [play with my] hair and say, 'Come here. Let me tease this out. Come upstairs. Let's get my hairdryer. I want to play with this some.'" (Rebecca, age 27, VA)

Being able to apply make-up, fix one's hair, and have the appropriate gendered clothing was very important to most participants. These actions and related items seemed to

facilitate the displaying and expressing one's inner self. In other words, if a participant identified as a woman, then being able to present as a woman was usually empowering.

Getting feedback regarding one's appearance was an important type of support.

Participants welcomed feedback on their appearance and whether it aligned with their preferred gender. Feedback also included compliments regarding emerging secondary sex characteristics (e.g., facial hair, breasts, musculature, etc.) or other physical changes.

One transwoman talked about how it was helpful when others gave her feedback and critiqued her appearance, specifically her ability to pass as her preferred gender in public.

"As I have been transitioning, [Rebecca Lynn has been a]...good critique. [She'll tell me] 'You look good, [or] you look like a dude,'...giving me feedback as to my looks. Like it or not, looks...play into it. It's just how it is...You want to...look like you feel." (Erica, age 58, KY)

Compliments were also important to 12% of trans participants. Compliments often related to one's appearance or emerging masculinity/femininity. The compliments sometimes pertained to an attractive physical feature such as one's legs as described a transwoman participant.

"Some women around here say that I've got the best legs on Big Creek...Big Creek is like five miles long." (Rebecca Lynn, age 61, KY)

Compliments about one transman's emerging masculinity was particularly notable for him.

"...I'm a sensitive person. I think all my friends know that and [so] they're constantly validating me...My girlfriend does that all the time. I'll send a...selfie to her...[and she'll say]...'You're looking especially masculine today.' [and] I'm like, 'Thank you, love'...[My roommate's] boyfriend does that [too]...He'll text and [say]...'Tell Jordan he's looking especially handsome today'...I think people know...I need that..." (Jordan, age 23, TN)

In another instance, a transwoman described how affirming it was to hear how pretty she looked.

“All the girls on the [derby] teams are...always telling me how great I look...it’s really reassuring [and] really affirming...” (Rebecca, age 27, VA)

Feedback of this type from parents was especially well received.

“[I put] pictures on Facebook, [and mom told me], ‘You’re gorgeous. I want to put up these pictures around the house.’” (Kat, age 26, TN)

Additionally, 12% of the transmen in the study said they felt supported when others commented on how much happier they seemed following their transition. Overall, feedback in the form of critiques and compliments when offered by trusted others were validating and instilled a greater sense of confidence.

Preferred gendered treatment. Feedback that reinforced that participants were perceived by others the way they wish to be perceived represented another sub-category of identity support. As transition progressed, it was important for others to interact with trans participants in their preferred gender in all capacities, not merely using one’s preferred name and pronouns. These more subtle, micro-level behaviors reflected true validation of one’s preferred gender. For example, it was important to go beyond using the correct terminology (i.e., preferred name and corresponding pronouns) to using the appropriate paralanguage that society tends to display in regards to perceived gender. For example, people often act and talk differently to others based on their perceived gender. Verbal and non-verbal micro-level behaviors include types and amount of physical touch, voice intonation, pitch, volume, and even conversation topics. A transwoman was quite sensitive to these micro-level variations.

“Treating me how I want to be treated [is important]. Treating me as [the] person...I see myself as...[and] calling me by [the] name I choose, referring to me by the right pronouns, but a lot of it is more subtle...People aren’t aware of how they treat men and women differently.” (Alice, age 29, TN)

It was also important for romantic and dating partners to interact sexually and intimately in a gendered manner as relayed by a transman.

“Supportive, relationship wise, is just accepting [me]...[and] referring to me in a male sense in every capacity [is very important]. I can't take any kind of feminine terminology in reference to me at all...Treating [me] like [I'm] a guy in every sense..., even intimately,[is important]...because I don't do intimate female...” (James, age 26, KY)

Twelve percent of participants said that others perceiving them and treating them in all ways as their preferred gender was extremely important to them. Mirroring one's trans identity therefore goes much deeper than simply using the correct name, labels, and other references to trans individuals.

Corrects self or others for misgendering. Mistakes happened in the interactions some of the trans participants had with others. Many of the participants understood that individuals sometimes accidentally referred to the participant by their birth name or used the wrong term such as “sir” or “ma'am.” This was usually dismissed easier when the individual corrected himself or herself as soon as they recognized this mistake had occurred.

“When I went to Target...the cashier slipped up and she immediately caught herself. On the one hand [it bothered me]. On the other hand, I [thought to myself], ‘Mmm, that’s alright. She corrected herself.’” (Rebecca age 27, VA)

A transman described a similar incident that occurred at his place of employment.

“[My boss said], ‘Yes Ma’am.’ Then left the room and [then came back and said], ‘I’m sorry, Sir.’ I [thought to myself] ‘You’re trying. I’m not going to get too mad if you’re trying.’” (Jordan, age, 23, TN)

When others did not immediately correct themselves or did not know they had misgendered the participant, some participants appreciated it when loved ones corrected the other person. A transman talked about how his best friend did this on his behalf in high school.

“When we were in high school and [people] would use female pronouns, [my best friend] would correct them. She’d [say], ‘It’s he. It’s he.’...She would do [that]...from the beginning when I’d first told her [I was trans]...” (Samuel, age 21, KY)

Another transman experienced a similar incident with his friend.

“If someone [misgenders me, my friend]...will tell them, ‘No, you’re wrong.’” (Zach, age 23, KY)

Whether the misgendering originated from a stranger or loved one, an immediate recognition that one had made a mistake and misgendered the participant appeared to be redemptive. Likewise, when supportive others corrected the person who misgendered the participant, it was also viewed as supportive. Overall, an acknowledgment that misgendering had occurred seemed to lessen the impact of this mistake.

Equal treatment. Participants (20%) desired the support inherent in equal treatment or just being treated like any other human being. Individuals sometimes treated the trans participant as “less than” whereas others treated the participant as “more than.” A transman participant captured both tendencies in his narrative.

“...Just [talk] to me like a human being and not this oddball...this thing that you...put under a microscope...[But you also]...don't have to kiss my ass and tell me, ‘You're such an inspiration.’ Don't tell me that. I'm a normal human being, no more inspirational...than the next person...” (Mateuz, age 23, KY)

Another transwoman described an example of when individuals appeared disingenuous as opposed to authentic.

“I’ve had some people make a huge show of being accepting...[They act] so over the top that it comes across as fake...It’s like ‘I’m letting you know that I’m really seeing you this way,...[but] you’re still different’...People who have really been my friends...treat me as just another person...” (Helena, age 25, VA)

Avoidance of over solicitousness or any conveyance that one is an oddity was aversive for some participants. Exhibiting genuineness was well-received and appreciated.

Comfort around transgender individuals. Twelve percent of trans participants were sensitive to cues that others were comfortable or uncomfortable. When individuals exhibited a level of comfort and ease, many considered this to be a sign of support. Comfort could be displayed when using a trans individual's preferred name and pronouns.

"[Using my preferred] name and pronouns was a big thing and not acting uncomfortable about it... Not acting uncomfortable about [my trans identity is important]..." (Lance, age 28, KY)

Comfort was especially crucial for a transman who had previously shared a dorm room with a cis female.

"[My roommate in the dorm]...was very comfortable [around me]...She was never worried or said, 'I don't know if I should be staying in a room with you.' She was always very kind...That was a big thing, not having to see someone be uncomfortable [with] my existence." (Jay age 19, TN)

Another transman noted how sensing discomfort in others produced a similar feeling of discomfort in himself. He also mentioned how he sought to avoid making others feel uncomfortable when they interact with him.

"I don't like [it] when other people are uncomfortable, because it makes me uncomfortable." (Mateuz, age 23, KY)

Perceived comfort in others as they use preferred names and pronouns and interact with the participant in a relaxed manner communicated identity support.

Ally and advocacy support. Ally and advocacy work signified another way others showed support to their trans loved ones. Sometimes ally work took the form of accompanying the trans participant to LGBTQ events on college campuses, in one's community, or at conferences in distant locations. Four trans participants described how

others demonstrated this particular sub-category of support by attending trans-related or other LGBTQ-related events independently or with the participant.

“[My cisgender friend and I] have gone to conferences...[She’s] attended transgender specific things with me just to get a better understanding so that she can understand and be able to help, which is really awesome. A lot people probably wouldn’t do that.”
(Zane, age 22, WV)

Attendance at LGBTQ-related events may convey emotional support for the trans individual as well as provide a chance for the ally to obtain education on trans and broader LGBTQ identity and issues. Additionally, LGBTQ events may provide opportunities for the supportive individual to meet other gender and/or sexual minorities to whom the ally could also provide support. Allies might also advocate on behalf of trans individuals in their interactions with cisgender individuals and thus effect change within the larger community context. In fact, 12% of participants described how supportive friends had attempted to educate others on trans-related issues. Similarly, 52% of participants reported how others had advocated on the participant’s behalf or exhibited other ally behaviors.

However, it was vital that allies not speak for trans individuals when the participants were present and could speak for themselves. A transman and transwoman participant each described this desire for allies to facilitate opportunities for dialogue rather than speak for them.

“The best support is...when...an ally...[sets]...the stage for us to tell our stories...[and]...get our foot in the door...Once that happens, stepping back and letting us...do our own thing is...most helpful.” (Mateuz, age 23, KY)

“Be there for [trans individuals]if they need it. If they need their voices amplified,...amplify them...Don’t try to speak for them or speak over them...Give them a platform,...but let them say what they need to say...” (Kat, age 26, TN)

On the other hand, a shy transman did not feel comfortable being assertive with his teachers at his local high school and was grateful for his mother's advocacy on his behalf.

His high school was situated in a very small, rural Kentucky community.

"[My mom went]...to school and [asked my teachers] to...shorten my name...[She] talked to the teachers individually and...the principal and staff,... but...mainly the teachers...She would tell them..., 'Try not to use pronouns, just the name.'...They didn't understand...[and] just shook their heads,...but they did [what she asked]." (Samuel, age 21, KY)

Advocacy and ally work were almost always perceived by participants as supportive.

Getting educated about transgender identity. Related to advocacy and ally work which also contains educational elements, the intentional acquisition of information pertaining to trans identity was often viewed as identity support. Twenty-four percent of participants described how friends and family members researched trans issues on their own and 32% recalled how loved ones wished to be educated on trans issues. Four transmen (20%) reported that others were specifically curious about the transition process. When supportive others took it upon themselves to conduct research on trans identity, this demonstrated their support as stated by a transwoman.

"The biggest support for trans people is being surrounded by people [who] are knowledgeable and educated...Do research..., [even] cursory research...Look it up on Wikipedia. Read the first paragraph [even]...It's like you've given me a gift. Intention is really important..." (Alice, age 29, TN)

When a participant's friend asked appropriate questions and then developed an awareness of her cisgender privilege, this signified support.

"It's all about education...[My] friend...went and learned things for herself...and [then asked] me, 'Hey what should I do? How should I act?'...[She recently told me], 'I was sitting in the bathtub the other day and was thinking about how lucky I am to be cisgendered,' and I [told her], 'If I could give you all the cookies for being an ally, [I] would...'" (Charlie, age 24, TN)

Similarly, another transman participant described how his boyfriend demonstrated his

support by asking the participant appropriate questions.

“[My boyfriend asked me]...really good questions like, ‘How can I support you? How do you want me to treat you? What kind of wording do you want me to use?’... It was nothing like, ‘What’s still in your pants?’ It blew my mind completely [and]...made me adore him all the more.” (James, age 26, KY)

Another trans participant compared asking questions about trans identity to communicating curiosity about other cultures.

“...It’s...like somebody...interested in a different culture, like Russian...or Japanese...or African culture [and] wants to ask....questions,...but doesn’t want to offend people. A lot of times the other person...in that culture is just...thankful that the person wants to ask in the first place.” (Mateuz, age 23, KY)

When cisgender individuals independently researched topics related to transgender identity or demonstrated an appropriate curiosity regarding how to interact in an affirming manner or about the transition process itself, participants felt supported.

Awareness of transgender accessibility. It was important to some of the trans participants (12%) that others knew whether certain public places were trans friendly and trans accessible. For example, knowing whether a facility had gender neutral or unisex bathrooms was indicative of identity support.

“Be aware if a place you go to has gender neutral bathrooms...Even things as simple as that are very important.” (Jay, age 19, TN)

Moreover, noticing or asking if a location has bathrooms with private stalls was crucial to another transman participant.

“Just having an awareness...[of whether a place is trans accessible is important]...[My friends will invite me out]...and I [tell them], ‘I can’t go [there]...They don’t have a stall door in the men’s bathroom’...You don’t have to be out marching [in] the streets, it [can be] as simple as [asking your employer], ‘Hey, why don’t we have gender neutral bathrooms in our building?’” (Charlie, age 24, TN)

Allies can go beyond simply inquiring about the trans accessibility of businesses and also potentially affect change by advocating for gender neutral bathrooms in their place of employment.

Acknowledging societal contributions. Verbally praising or acknowledging trans individuals who performed tasks designed to increase society's knowledge about trans identity and trans-related issues comprised another sub-category of identity support. Twelve percent of participants (transman and two transwomen) said they felt supported when students or community members approached them with praise following an educational event or project the participants had been involved in.

A transman recalled how supported and validated he felt after audience members approached him following an educational panel and confessed to him how his input changed their outlooks on trans identity.

"...I do outreach...,talking to classes...[about]...my life...as a transgender person and what it means in a social work context...[I also do] trans... or LGBT panels for groups...at [college]...I get so much support...from people [in the audience]...[They approach me and say]..., 'Oh, my God. I never thought of these things before...How eye opening to see that and understand..."(Stephen, age 43, VA)

A transwoman described how she interpreted similar feedback as supportive.

"...The people I've presented to...[have often told me], 'Wow, I've never thought about gender as being...more than...apples and oranges...Turns out there's peaches [too]..."(June, age 25, TN)

In addition to panels and outreach programs on college campuses, acknowledgement and support for one's participation in films and online activities was valued by two transwomen.

"I'm in a...mini documentary...There are so many people who have seen [it and] come up to me and say, 'You...have been such an inspiration...You are so brave.' ...It means a lot [to hear that]." (Cynthia, age 51, WV)

“I write for several [trans-centric] websites...[and] it’s been really rewarding because people thank me for what I do.” (Kat, age 26, TN)

Interestingly, individuals can be supportive not only by attending and engaging in trans-related activities and becoming knowledgeable about trans identity, but also through verbal recognition and positive feedback to trans individuals who actively educate others.

Sense of protectiveness. Identity support was often exhibited through a sense of protectiveness on behalf of the trans participant. This sub-category of identity support was recounted by transmen and transwomen in the study. In fact, 48% (5 transwomen, 7 transmen) or nearly half of the participants disclosed having received this sub-category of identity support. A sense of protectiveness over the trans participant seemed to go beyond mere loyalty and included a defensiveness or guardedness of the participant by others. Having a protective individual in one’s company in public was very important to a transman living in a rural Virginia town.

“Having people that you can trust [and]... will come to your aid,...be your protectors,...walk down the street with you, and not be afraid...is infinitely important.” (Stephen, age 43, VA)

Beyond a sense of protectiveness, another transman described how one particular cis friend and others have actively defended him.

“[He] gets more defensive when it comes to me...If someone attacks me as a person in any...way [my other friends] get more defensive [as well] and... take it more personal...I guess they see [how] ... it’s more challenging for me [as a transman] than... [when I was perceived as] a lesbian.” (Bryce, age 23, KY)

A transman also described how his cis female friend demonstrated her protectiveness of him and stood up to her own parents who were not accepting of him.

“[My best friend’s] family won’t call me Zane...She’s definitely stood up for me in those situations and told them, ‘That’s not okay.’” (Zane, age 22, WV)

In another region, a transwoman recounted the fierce protectiveness her elderly aunt displayed towards her. Her aunt did not hesitate to admonish anyone in the tiny rural town who voiced a lack of support or negativity towards her niece, the participant.

“ My aunt would whip you all the way down the road if you said something about me in front of her.” (Rebecca Lynn, age 61, KY)

Physically walking beside a trans participant in public, actively defending the participant in front of others, or simply communicating a zero tolerance for any negative comments or behaviors was frequently perceived as unwavering identity support.

Lack of negative treatment. Even a lack of negative treatment was perceived as a sub-category of identity support. A lack of negative treatment appeared different from other sub-categories of support. Other forms of identity support, and support generally, were overt or observable displays of support. A lack of negative treatment seemed more neutral in that it was considered supportive because certain behaviors *did not* occur. For example, some participants anticipated more negativity from others when they disclosed their trans identity. When hostility and alienation did not occur or at least not to the degree it was predicted, many participants perceived this as being another form of identity support. Multiple participants ascribed this lack of negative treatment as sign of support.

Twenty percent of participants (1 transwoman, 4 transmen) cited this type of identity support. For example, two transmen said that they felt supported when individuals “don’t care that I’m trans.” “Not having to explain myself” was perceived as supportive by another transman. A lack of mistreatment over an extended period of time was categorized as supportive by a transman.

“...I haven’t been mistreated in like a year.” (Mateuz, age 23, KY)

Similarly, a transwoman commented on how she had not experienced violence since coming out as trans.

“No one’s attacked me yet.” (June, age 25, TN)

One transman shared that his experience had been less negative than he had anticipated.

“No one’s been really awful.” (Jordan, age 23, TN)

This transman had assumed his family might disown him and was surprised when this did not happen.

“We’re all very country and very Appalachian. I think it’s hard [for my family] given their religious views...They’ve not been awful...They haven’t disowned me...They’re like ‘I wholeheartedly disagree with what you’re doing, but I want you to be happy...’” (Jordan, age 23, TN)

A transwoman specifically noted that her friend had been supportive by not saying anything negative to her.

“[My friend] never says anything ill towards me.” (Cynthia, age 51, WV)

A transwoman commented on how others had not been overtly hostile towards her, but tended more towards passivity and apathy.

“I haven’t really run into people who are outright...mean...The worst I’ve seen is ambivalence or people just drifting away...” (Helena, age 25, VA)

Another transwoman recalled that a lack of hostility helped reinforce her feelings about the larger societal context.

“Nobody’s really been an asshole. I would have expected more assholes...My faith in humanity remains surprisingly...strong.” (Rebecca, age 27, VA)

Additionally, another transwoman seemed baffled by a lack of negative treatment and the equal respect she encountered instead.

"[I thought to myself], 'Wow, you treat me like a human being. What's this? What's going on here?'" (June, age 25, TN)

When individuals were assumed to be "okay with it" (24%) or practiced tolerance ($n=1$) it was viewed as supportive. Further, two participants, a transman and a transwoman, revealed how supportive it was when others "didn't lose their minds" when the participants disclosed their trans identity. Never feeling left out or de-legitimized was important ($n=1$). Lastly, a lack of negative reactions from others "when I'm in a dress" was mentioned by a transwoman in the study, while another said that talking to her in public showed support. Participants seemed to set the bar quite low in terms of their expectations for their family, friends, or the community as a whole. When others did not react with anticipated levels of visible intolerance or overt hostility, this lack of negative treatment was often perceived as supportive.

Emotional support. Emotional support denoted another main sub-category of social support described by several trans participants. Emotional support manifested in different ways including hanging out or spending time together. Also, any other positive feelings and behaviors which often enhanced intimacy and closeness between participants and loved ones, and physical displays of affection were included. Similar to identity support, emotional support was experienced within a plethora of relationships (e.g., familial, romantic, and friendships).

Spending time together. Spending time or hanging out with others in person, on the phone, and/or online was frequently described as supportive behaviors. Seventy two percent of participants said hanging out with others was strong sign of support.

"As far as me living as a female in society,... I feel like being with my friend has helped me to get out there...He would [take]...me to...a Mexican restaurant and we'd sit there and drink and... hang out...[and we'd also go]...shopping... He's [convinced me to

go]... out when I really didn't want to... That's helped me more than anything else, having someone that I can be with." (Diane, age 39, KY)

Participants (12%) noted that receiving an invitation to an event or being invited to someone's home ($n=2$), or receiving a visit (12%) was supportive. Hanging out not only provided opportunities for emotional fulfillment, but also decreased feelings of isolation and loneliness as described by a transwoman in small town.

"Just to hang out or go shopping or eat in a restaurant [is important to me]... Particularly... as a single person,... it's important not to be isolated and alone..." (Serena, age 44, KY)

Participants (16%) said that the very act of talking with friends and family, especially frequent conversations was supportive.

"[I] can call [my friend up and we] can...hang out and chill for a while." (Charlie, age 24, TN)

Conversing on the telephone (two transwomen) and being able to talk openly ($n=2$) with another person was perceived as supportive. Likewise, joking around (12%), receiving advice (16%), and talking or sharing pictures via Facebook ($n=2$) also demonstrated support.

Positive feelings and behaviors. Within interactions, positive behaviors often occurred which conveyed a strong sense of emotional support. Positive feelings and behaviors encompassed a wide range of actions and emotions which seemed to enhance intimacy and closeness. For example, statements and/or behaviors which demonstrated acceptance (68%) (7 transwomen, 10 transmen), confidence (56%), trust (12%), "being there" for the participant (40%), open-mindedness (20%), niceness (16%) (4 transwomen), understanding (16%), empathy (16%), caring and concern (12%),

commitment (12%) (transwomen), and validation (16%) were commonly reported by participants.

The importance of loving trans individuals was captured by a transwoman in Tennessee.

"If you are a loved one, love them..." (Kat, age 26, TN)

Offering friendship was another clear sign of support according to 24% of participants.

"[People can show their support] by being my friend, by being nice..." (Alice, age 29, TN)

Simply being listened to was reported by 20% of trans participants.

"[My family]...listen and...try to understand [me]..." (Zane, age 22, WV)

Less often mentioned, but still important, were expressions of thoughtfulness, comments on bravery, and being non-judgmental. Participants also appreciated when others distracted them from worry, comforted them, related to them, reassured them, and exuded loving feelings and behaviors. Similarly, being a source of strength and providing moral and mutual support were appreciated.

Physical displays of affection. Physical displays of affection pertained to affectionate actions such as receiving hugs from supportive others. Some participants wished to receive more physical affection from others. Twenty-four percent of participants described how they received and/or needed more physical affection from others. In other instances, an abundance of physical affection was provided.

"If I say I need a hug there's usually three gay men around...[to give me one]." (Bryce, age 23, KY)

One particular transman described how he feared that displays of physical affection might diminish after he came out.

"[The most important support is] friends who are willing to give me hugs...I was

absolutely terrified...I was going to become this leper-like pariah...that no one wants to touch or be close to...Thankfully [that didn't happen]...I have a lot of friends who are just as huggy as I am...They walk over...and hug me and...kiss [me] on the cheek...That is...amazing!" (Stephen, age 43, Virginia)

Sometimes, levels of physical affection increased after transition as recounted by a transman.

"If anything, there's been more touching and affection...because...I've gotten more comfortable with myself." (Jay, age 19, TN)

Unfortunately, this was not always the case. A transman divulged how physical affection decreased after his transition.

"... We hug less...It's weird...Physical support is not what it used to be." (Jackson, age 24, VA)

Another transman described his need for more physical affection from others.

"I always need more hugs..." (Jay, age 19, TN)

Hugs represented a tangible act of affection that nearly all participants welcomed and perceived as emotionally supportive.

Participants shared many examples of emotionally supportive feelings and behaviors they received. Emotionally supportive themes were quite expansive. Recurrent themes under the main sub-category of emotional support included hanging out, invitations to other's homes or events, talking to one another, offering friendship, listening and confiding in, showing trust and commitment, joking around, being there, being nice, being accepting, being non-judgmental, being empathetic, being open-minded, validating, being understanding, and giving physical affection.

Practical support. Practical support or assistance comprised the third main sub-category of support and basic helpfulness or the provision of tangible items. Common sub-categories of practical support included financial help (44%), housing assistance

(32%), neighborly activities (12%), and general helpfulness (44%). Notably, the main sub-category of practical support was the least endorsed and thus the smallest category of the three main sub-categories of social support. Often times, participants did not mention this type of support until prompted by the interviewer.

Financial assistance. Financial assistance took several forms in the narratives of transmen and transwomen. For example, a transman described how his mother helped him out financially by covering his conference fees at LGBT related events.

“My mom...shows her support in different ways than what I’d like her to...She has helped me go to conferences...She’s pretty good about helping me out financially.”
(Zane, age 22, WV)

Another transman recalled how his parents supported him financially, however, similar to the previous participant, he also wished his parents were more supportive emotionally.

“My parents...financially support me,...[but] I would like more...[emotional] support...from [them].” (Jay, age 19, TN)

Financial help sometimes occurred on a more periodic basis. A transwoman in West Virginia recounted how supported she felt after she received a monetary gift during the holidays.

“I got a Christmas card from my friend...I was literally down and out broke...and there [was] a \$100 bill...I will never forget [what] she did for me.” (Cynthia, age 51, WV)

Another transwoman recalled how a member in her small rural community demonstrated tangible support by working on her cars for a reasonable sum and therein allowed her to sell the cars for needed, extra income.

Housing assistance. For more than one third of participants (32%), homelessness had been an issue. One transwoman experienced an extended period of homelessness and friends helped her.

“...I had this bout of homelessness for a while...My friends had no problem with [me staying with them]...” (June, age 25, TN)

Another transwoman described how a close friend and her current roommates allowed her to stay with them without expectation of payment.

“My friend...took me in. My [current roommates also] took me in and basically let me live there for a while even though I couldn’t pay rent.” (Kat, age 26, TN)

Sometimes participants needed a temporary place to stay following a fight with their parents after disclosure of their trans identity. In one instance, a transman recalled giving his mother space to absorb his disclosure.

“I ended up having to leave for a few days [to let my mom] calm down...I stayed with one of my friends...” (Jay, age 19, TN)

Another transman also described having to leave for a few days to give his parents time to acclimate to his trans identity.

“[A friend of mine]...let me live in her parents’ home for about two days [after I left home]....She was willing to let me stay with her family indefinitely.” (Charlie, age 24, TN)

Homelessness was more commonly reported among younger transwomen. However, some young transmen also needed temporary places to stay while parents processed disclosure of their trans identity. This appeared less likely for older or middle aged participants who were usually more financially secure prior to their transition.

Neighborly assistance. Another unique type of practical support was overseeing the security of a participant’s home while they were absent. Some participants referred to this type of support as “watching my house.” Two transwomen, one in a medium sized community and another in a tiny rural town, commented on how neighbors demonstrated support by watching over one another’s homes. In one case, the participant’s landlord did this for her and her family.

“Our landlord... watches the house if we’re gone for a week... He’s [also] asked us several times to watch his home [as well].” (Michelle, age 64, KY)

Neighbors in another community offered similar support to another transwoman and her wife.

“If we need to go somewhere...[the neighbors]...watch the house...” (Blossom, age 59, KY)

Another type of helpfulness was exhibited when other neighbors brought over some hot soup on cold day to a transwoman and her spouse.

“...Jimmy...and his wife...[made]...us...some soup last night...He trooped over in the cold and brought us two bowls of soup...” (Blossom, age 59, KY)

General helpfulness. General helpfulness assumed numerous forms in the lives of many participants. Regardless of the source of practical assistance, the provision of help in times of need was an indicator of support. However, in contrast to identity support, financial support was not always accompanied by acceptance of the participants’ trans identity. Financial assistance in the absence of identity support was often perceived as incomplete and thus “not enough” for some participants.

Conclusion

Throughout this chapter, 25 adult trans individuals have related stories of support they have received throughout the Central Appalachian region. An array of sources of support emerged as participants described supportive interactions within their families, romantic relationships, friendships, churches, workplace, school and neighborhood. Supportive individuals provided three different main sub-categories of social support including identity, emotional, and practical support. Identity support was the most endorsed main sub-category of support with 15 sub-categories of perceived support for one’s trans

identity. Emotional support represented another salient main sub-category of support that encompassed a host of positive behaviors and emotions.

Lastly, practical support emerged as another main sub-category of support that included financial assistance, housing assistance, neighborly activities and other general helpfulness from others. Trans participants were sometimes provided a place to stay during periods of homelessness or when they wished to give space to reactive parents. Practical support in the form of neighborly behaviors manifested as watching over one's home when they were gone or bringing over hot soup. In a region that often lacks transgender-specific resources, a bevy of support in myriad forms may compensate. However, for many participants, present support was not enough to keep them in Central Appalachia. Several reasons including a desire for more resources, acceptance, respite, anonymity, and economic opportunities compelled many participants to migrate out of the region, while others were content to stay.

Overall, sociable cultural values characteristic of rural Central Appalachia eventually superseded more conservative values in many cases. Conservative values and high religiosity initially dissuaded some cisgender individuals from providing social support to trans individuals, but over time, fear or intolerance appeared to subside, replaced by greater acceptance. However, trans participants described immediate acceptance from some pastors and conservative family members. In turn, I hypothesized that social support existed in spite of cultural values related to high religiosity and conservatism. Yet, even when high religiosity and conservatism did initially distance others, the passage of time often eroded initial intolerance and led to more social support.

Finally, trans participants also described individuals who withdrew support over time. These experiences that reflect how social support is not necessarily linear or “all or nothing” and may represent a phenomenon that has gone undocumented in the social support literature. However, over time, some initially unsupportive individuals became supportive and accepting of trans participants. I then hypothesized that other cultural values (i.e., strong kinship networks and hospitality) became more enduring over time and potentially increased the amount or frequency of social support perceived by trans interviewees. This led into the next phase of exploration of *causal conditions* regarding a phenomenon (Creswell, 2007). Here, I examined what may have been underlying this particular phenomenon of social support in Central Appalachia. In the previous example, the passage of time and native status of the participant likely promoted more positive social support experiences in the lives of trans participants. The next chapter is further discussion of findings.

Chapter Five: Discussion

The vast array of social support types and sources of that support in Central Appalachia challenges the assumptions that transgender individuals in rural areas are all isolated and alone. Rather, a host of familial and non-familial sources of support are present and willing to provide innumerable types of support including identity, emotional, and practical support. The findings from this research project help extend our current knowledge of transgender social support in a Central Appalachian context.

The scant amount of research on transgender social support has failed to go beyond brief mention of social support to enumerate the “who” and the “what.” Specifically, who is supportive? How are they supportive? Are certain types of support more desirable? If so, what types? What are the contextual features? What intervening conditions (e.g., lapse of time, cultural values) appear to mediate the social support transgender individuals in Central Appalachia receive? The research findings addressed these important questions.

In terms of results, two core categories emerged related to commonly recalled sources and types of social support. Frequently described sources of support were familial (e.g., immediate and extended kinship networks) and non-familial (e.g., co-workers, friends, and classmates). The three main sub-categories of support were identity, emotional, and practical support. Identity and emotional support were most frequently reported compared to practical support. The three main sub-categories of social support were provided by myriad sources and appeared to help offset the lack of transgender-specific resources (e.g., gender specialists, mental health professionals, transgender community, etc.) in Central Appalachia. The importance of social support was salient in the urban, but particularly the rural settings in this region.

Rural trans participants described more instances of familial support compared to their urban counterparts, especially rural transmen compared to urban transmen. Urban trans participants tended to report receiving the bulk of their support from trans and cisgender friends. Male-affirmed or transmen reported more familial support than transwomen. Moreover, trans participants who lived in areas with a college or university nearby frequently reported relying more on their church, workplace, or school for support.

Trans participants often recalled being pleasantly surprised by the lack of or the lower levels of negativity they had experienced after they disclosed their trans identity. Most participants had anticipated much more resistance and bias than they actually encountered and were impressed by the overall support they received in Central Appalachia. Cultural values related to individualism, sense of place, hospitality, loyalty, and emphases on kinship networks and communal attitudes seemed to influence the amount of social support more so than high religiosity and traditional gender role norms. However, the persistence of traditional gender role norms may at least partially explain the reduced familial social support reported by several transwomen.

Common sources of support in Central Appalachia included immediate (e.g., mothers) and extended kinship networks, the workplace, school, neighborhood, and church. No constellation of characteristics seemed to predict who would be and who would not be supportive. Rather, supportive others differed in terms of SES, age, gender, religiosity, and geography. However, differences existed in terms of the gender identity of the participants in that transwomen reported receiving less familial support compared to transmen. Three main sub-categories of social support emerged: identity, emotional, and practical support. However, identity and emotional support were more often cited

than practical support. The lapse of time, an emphasis on kinship networks, and a “live and let live” attitude appeared to influence the provision of support for trans individuals in Central Appalachia. Regardless of the amount of perceived support, several participants in both urban and rural geographies wished to migrate out of Central Appalachia.

Centrality of Mothers

Within Central Appalachian families, mothers appeared to wield a great deal of influence on the social support experiences of their trans children. Mothers also commonly represented a primary source of support. In approximately 66% of participant interviews, mothers were perceived as influential, protective, the overseer of communication between family members, and central in decision making (e.g., financial). In a study by Denham, Manoogian, and Schuster (2007), mothers were often influential in the daily health behaviors of family members within the traditionally male-dominated culture of Appalachia. Mothers assumed a prominent role in the usual daily activities and the balancing of multiple life roles. Research findings from this study indicate that Appalachian mothers’ influence can also extend to include the social support their transgender children receive from others.

A few participants reported growing up in patriarchal familial structures, but the vast majority of participants described salient matriarchal familial structures. When mothers were supportive and accepting of their transgender children, other family members, including fathers, usually demonstrated similarly supportive behaviors. In fact, in only one instance was the mother supportive while the father was not. Matriarchal influence was salient in several narratives including a transman who described how his mother

directly changed his father's attitude regarding his trans identity and appeared to have impelled the father to bestow more supportive behaviors on the participant. Similarly, a transwoman revealed how her mother modeled acceptance for her which was later adopted by her stepfather. In another case, a young transman with supportive parents reported that his unsupportive maternal grandparents withheld their biased comments about his trans identity in the presence of his parents.

Mothers also influenced the attitudes of the community at times. In one instance, the mother of a young transman in a very small rural town in Kentucky went to her son's high school and told his teachers and administration to drop pronouns and what name to use when addressing her son. The teachers and administration complied without hesitation. Two other mothers went on to lead or became active in PFLAG organizations and thus advocated and educated others on trans identity and the importance of acceptance and support. Mothers appeared to influence support for their trans children when they verbalized directives to others or modeled social support.

Conversely, mothers were also influential in decreasing the amount of support their trans children received from other family members. Some mothers rejected their trans children by refusing to call the participant by their preferred name and pronouns or threatened ostracism and abandonment if the trans child attempted or continued to transition to their preferred gender. One transwoman in the study knew how homophobic and conservative her parents were and felt they would reject her if they knew about her trans identity. Thus, she decided to avoid disclosing her trans identity to them or dressing in feminine clothing in their company.

Sometimes supportive family members attempted to circumnavigate unsupportive mothers by demonstrating their support for the trans participants in more veiled ways. For example, some participants described how family members had approached them and verbalized their support, but then admitted that they were hesitant to demonstrate that support in front of the participants' unsupportive mothers. However, as a compromise, some supportive family members referred to the participant by the first letter of their birth name which was often the first letter of their preferred name as well, symbolizing support in a discreet manner. Pronouns were also navigated in neutral ways to convey support for the trans individual. For example, an aunt or uncle may refer to the trans participant as "you" or "them" rather than employ "him" or "her." Mothers exerted a great deal of influence, positive or negative, on how others responded to the trans participant, especially in the presence of the mother.

Mothers not only influenced the way others publicly supported or did not support the trans participant, but some participants noted that their mothers were their primary source of support. In fact, 44% of transmen and transwomen reported a closeness with and unyielding loyalty towards their mothers. Fathers were also periodically described as bastions of support, but not at the same frequency as mothers (52% to 32%, respectively). Interestingly, for many of the transwomen, fathers were frequently mentioned only briefly, with little exception, however, relationships with mothers were almost always detailed. For better or worse, mothers seemed to shape the social support experiences of their trans children.

Characteristics of People Who Were Supportive

Some researchers decry the isolationist nature of rural areas (Turell et al., 2012)

as stifling places for trans individuals. However, many types of individuals were described as supportive in the current study. Moreover, supportive others differed in terms of religiosity, conservatism, and SES. They also varied in terms of sexual orientation, biological sex, gender identity, occupation, geography, and age. Some people were described as liberal while others were seen as highly conservative. Supportive individuals represented myriad occupations in the hospitality, retail, science, academia, and engineering fields. Supportive individuals were found in urban areas and even in the smallest rural towns.

Social support researchers have demonstrated that the benefits of social support transcend gender and geography for those who receive the support (Cohen, 2004; Finch, Kolody, & Vega, 2000; Noh & Kaspar, 2003; Redman & Snape, 2006). However, few studies of social support have examined the characteristics of those who provide the support. Further, the majority of social support studies center on the experiences of cisgender individuals. Findings from this study indicate that the people who support Central Appalachian trans participants were diverse. Consequently, it may be difficult for trans individuals in this region to predict potential sources of support prior to disclosure. Participants described being surprised when some individuals provided support and vice versa. In one instance, a participant described being surprised when a co-worker she thought was “red neck” was supportive while another co-worker she was closer to was not initially supportive.

Gender Identity as a Moderator of Social Support

Research findings indicated that gender identity seemed to moderate familial social support. Similar findings were reported by Budge and colleagues (2013) who determined

that gender identity played a role in levels of social support in 351 trans participants ($n=226$ transgender women and $n=125$ transgender men). Transwomen reported less familial support compared to transmen. Parallel findings were uncovered in the present study. Perceptions of familial acceptance and strong kinship networks differed among transwomen compared to transmen. In *every* sub-category of familial support, transmen were more likely to perceive support compared to transwomen. For example, out of 28% of participants who reported familial acceptance, only two were transwomen. Three transwomen compared to seven transmen cited mothers as being supportive and similarly, three transwomen compared to five transmen perceived their fathers as supportive.

The most glaring disparity existed within sibling sub-categories. Aside from only one transwoman participant who reported that her brother was “somewhat” supportive, all participants who reported supportive siblings were transmen. Likewise, three transwomen compared to nine transmen perceived their extended kinship networks as supportive. In fact, two out of the three participants were transwomen who reported that their families felt that their trans identity was a “mark against the whole family” and consequently denied them support.

Support for transwomen participants was often withheld by cisgender male familial members. Nearly 1/3 of the transwomen participants reported a lack of acceptance and support from cisgender male family members. This was especially true for cismale family members perceived to be hypermasculine by participants. Even though one transwoman reported immediate acceptance from her father after disclosure of her intention to transition, this was not commonplace in the narrative of other transwomen.

One transwoman said her father helped support her financially, but was emotionally unavailable. Another transwoman reported that her traditionally masculine brother had trouble accepting her as his sister. Likewise, a transwoman in another region of Central Appalachia reported that her son had very minimal contact with her since she disclosed her trans identity to him.

A loss of social support for transwomen following transition was found in an earlier study (Gagné & Tewksbury, 1998). In this qualitative study of 65 female-affirmed participants, researchers conducted semi-structured interviews. Based on findings, researchers speculated that transwomen conformed to the gender binary in order to preserve relationships with others. Even though transgender identity itself challenges the gender binary in Western culture, trans individuals can still reify the binary when they subsume the other gender role. In other words, an individual assigned male at birth and transitions to female in terms of appearance and mannerisms may experience rejection, but not to the same extent as someone who occupies a more fluid gender identity which blends characteristics of both genders or attempts to erase any gendered characteristic, thereby occupying space outside of the gender spectrum altogether.

Transwomen reported a loss of power as they transitioned, but were sometimes able to maintain relationships with others if they did not challenge the binary. In fact, transwomen who were unable to pass (i.e., be perceived as female) tended to report more relationship problems, discrimination, and mental distress. In small rural towns in Central Appalachia, where anonymity is nearly impossible, male privilege may be the reason female-affirmed individuals report a loss of power rather than issues of passing. Since the individual may be well known in the town as their assigned birth sex, passing

may be secondary for female-affirmed individuals who may be viewed as voluntarily renouncing what may be viewed as their birth right of male privilege.

In contrast, transmen in this study sometimes reported an *increase* in social support following transition. Transmen were also three times more likely to describe their fathers as being supportive compared to transwomen. Likewise, transmen were also more likely to report the benefits of tight kinship networks, strong family ties, and familial acceptance compared to transwomen. Finally, transmen were more likely to explicitly express a need or desire for familial acceptance than transwomen.

These research findings may be influenced by cultural and socialization factors in Central Appalachia. First, female roles are often more circumscribed than men's (Knudsen & Waerness, 2001). Therefore, within the Central Appalachian region, where gender role norms are often more rigid, differences in socialization may be magnified. The previous female gender socialization many transmen would have been submersed in would have been further shaped by the greater cultural context. Contextual features of Central Appalachia (e.g., emphasis on kinship networks, communal bonds) would have also shaped socialization. Gender identity is shaped by one's culture.

As a result, transmen would have been socialized and encouraged to garner social support from others especially within the family. Moreover, transitioning to male within a traditionally patriarchal culture (even if only superficially present in some respects) would potentially result in added privilege. According to Schilt (2010), it may be easier for family members to provide support to transgender men due to the power status of men in society.

Importance of Identity and Emotional Support

Not all forms of social support appear to be equal in importance. Identity support and emotional support figured more prominently than practical support in the narratives of trans participants. While practical support was valued, this type of support did not appear to be in the forefront of the minds of most participants. In fact, practical support often went unmentioned until I probed for examples towards the end of the interview. Up to this point, this type of support had rarely emerged. Sometimes participants gave multiple examples of practical support while others gave only a few. In both instances, however, practical support did not appear to be as salient.

Practical support was still appreciated nonetheless and meaningful, if not vital when it came in the form of financial support. The finding may also be related to the depressed economic state of much of rural Central Appalachia (ARC, 2010). Financial support may not be an expectation many participants have of family and friends who may also be struggling. Financial hardship was not the case for all participants, but for most. Notably, even when participants reported very low incomes, some still refused to be compensated for their participation in the study, potentially reflecting the cultural value of individualism. Most participants did accept the compensation and some divulged how the money would be used to obtain needed hormone treatments or other transitional assistance.

A greater focus on emotional support opposed to practical support was also evident in the social support literature. In one study (Wu & Pooler, 2014), researchers conducted a survey of 213 social workers who were caregivers throughout Kentucky. The focus of the study was emotional support. The presence and proximity of emotional support on

psychological distress was explored. Emotional support was linked to reductions in psychological distress in participants.

In another study, Woodward and colleagues (2014) analyzed the narratives of 38 individuals involved in online substance abuse support groups. Again, the researchers focused on emotional support in the form of social bonding that occurred between participants. Participants who reported stronger social bonds with other online substance abuse group members also tended to report less subsequent substance use. Emotional support seems to be associated more with psychological buffering compared to practical support which may explain the greater impact of this type of support.

In the present study, emotional support was demonstrated via kind words, maintaining one's confidence, spending time together, or "being there" for the participant. Other ways to provide identity support included being aware of the accessibility of public settings (i.e., gender neutral restrooms or private stalls). Supportive others could also advocate in their workplaces for gender neutral or private bathrooms for trans employees. Also, being appropriately curious was frequently perceived as a sign of identity support. Supportive others should not shy away from asking general, non-intrusive questions about the transition process or about trans identity/issues. Curiosity that originates from a place of respectful intentionality or care and concern appeared to be viewed as a sign of support for one's trans identity.

Identity support was also conveyed when loved ones used a participant's preferred name and corresponding pronouns, complimented their emerging gender identity, or verbally stated their support of their gender transition. When participants were asked to give examples of times when others supported them, identity and emotional support

appeared much more salient and was more frequently recalled compared to practical support. This tendency may reveal identity and emotional support to be more intimately connected to affirmation and support for one's trans identity.

It is likely that emotional and identity support are more integral to the psychosocial well-being of rural trans participants than practical support. The narratives revealed that it was difficult for loved ones to enact emotional and especially identity support without actually *being* supportive of participants' trans identity. However, this was not the case with practical support. The parents of some participants were able to provide practical support yet did not "agree" or support their child's trans identity. In fact, multiple young participants reported receiving financial support from parents who did not support their trans identity. Multiple types of support appeared to manifest in the lives of participants, however, emotional and identity support seemed more closely tied to acceptance of one's trans identity compared to practical support.

Even though differential importance is linked to each form of support in this study, the empirical literature often presents social support in a more monolithic way. Few researchers have examined social support in the lives of trans individuals, but those who have focused on one particular type of support and fail to delineate the different types. Budge and colleagues (2012) conducted qualitative semi-structured interviews and explored the roles relevant factors played, one of which was social support, in gender transitioning, avoidant coping, and psychosocial well-being. Social support was gauged through narrative form as opposed to a survey or instrument and was not well-defined, yet likely referred to identity support. Prior to this study, no published studies had

focused on the different forms social support can take in the lives of trans individuals, rural or urban.

Therefore, these research findings on the differential importance various types of support can play in the lives of rural trans individuals also contributed to our understanding of the phenomenon of transgender social support in rural areas that usually lack transgender-specific resources. However, the finding that identity support and emotional support are more frequently described in the narratives of rural trans participants than practical support may not be specific to rural trans populations. Rather these types of support may also be more meaningful to all trans individuals as they cope with discrimination and bias in a binary society.

Influential Cultural Characteristics of Central Appalachia

Cultural values and characteristics pervaded the narratives of participants. Cultural values related to individualism, communality and kinship, a sense of place, hospitality, and loyalty were commonly reflected in the narratives and even in the behaviors of trans participants themselves. These particular cultural values have been repeatedly associated with Central Appalachia (Coyne et al., 2006; Tang & Russ, 2007). In addition, participants in various geographies also described a tendency toward more indirect communication. These cultural values that comprise the cultural context of Central Appalachia were perceived as influential to the social support experiences of transgender participants. A conditional matrix was helpful in visually conceptualizing and depicting influential cultural messages in Central Appalachia on the social support experiences of trans individuals (see Appendix K). More detailed explanations of these influential cultural messages are described next.

Individualism. A “live and let live” attitude was reported by some trans participants. Thirty-two percent of participants described a sense of individualism present in their communities and familial life. One participant said that people were cordial even if they did not understand trans identity. Others reported that loved ones were sometimes polite, but still adhered to their personal beliefs to the contrary of the acceptability of trans identity. A transman described how others proclaimed “bless his heart” without interjecting their disapproval further. Twelve percent remarked how others were cordial and polite regardless of their religiosity. Moreover, 24% of participants reported how others did not agree with their desire to transition, but supported their right to do so (i.e., individualism).

The phenomena reflected in these accounts may be a blend of individualism and tolerance as defined by some conservative Christians. According to Crowley (2007), “conservative Christian intellectuals” frequently define tolerance as refraining from passing moral judgment on the beliefs and practices of others when they do not align with their own. Inasmuch, some participants may be describing this type of Christian tolerance in instances where loved ones did not verbally express any disapproval, yet simultaneously did not appear to accept the beliefs and practices in which participants were engaging. It is difficult to differentiate the cultural value of individualism from this type of Christian tolerance without actually interviewing the loved ones being described.

Regardless, however, if participants sense a lack of authenticity in the feelings and actions of others, any initial gratitude for less bias than initially predicted may give way to increased unconscious minority stress. Since much of communication is nonverbal, it would difficult for others who are not truly accepting of trans participants to appear

genuine and camouflage their true beliefs and feelings. Participants who perceive in any way that they are not truly accepted or are being judged may be compelled to disengage to some degree from others or expend extra energy in an attempt to make others feel more comfortable. In such cases, extra energy being expended within interactions between trans participants and loved ones could potentially create or increase minority stress the trans participant may be experiencing as they navigate a binary culture (Meyer, 2003). In some cases, highly conservative individuals may only be superficially accepting or holding back their true beliefs when interacting with trans individuals. Christian intellectualism and individualism may interact and create an atmosphere of seeming mutual respect which in turn dissuades transparency and/or fosters potentially stressful (i.e., minority stress) interactions between participants and certain loved ones.

Communality and kinship. A sense of communality and kinship were salient in the narratives of many participants. Twenty eight percent of participants revealed how communal bonds and peaceable relations were central to their communities and kinship networks. Small, rural communities were sometimes described as “gentle” where community members may refer to participants and even strangers as “Honey.” Four participant narratives detailed how the small, rural geographies they resided in facilitated communal bonds and a sense of interdependence. Twelve percent of participants described their communities as “friendly” and “nice” and 36% reported that their communities were quite accepting.

In a rural collectivist society, the extended family is of utmost importance (Schank, Helbok, Haldeman, & Gallardo, 2010), the microcosm of Central Appalachia. In the present study, 48% of participants described having tight kinship networks. Common

familial messages (44%) that were consistent with tight kinship networks were that “family is everything” or “blood is thicker than water.” For instance, one transwoman reported how her neighbors and members of her extended kinship network were initially shocked and resistant to her transition, but eventually resumed their communal behaviors (i.e., saying hello, invitations to visit, etc.) as their fears decreased over time after they realized she was not “flamboyant.”

In terms of social support, values of communality and kinship may eventually override any initial fear or misunderstanding surrounding trans identity. Similar to how Central Appalachian culture is often tied to stereotypes around laziness and ignorance, trans identity is sometimes associated with images of drag queens or sexual deviance. Drag queens represent only a fraction of the total gender variant spectrum. Fear and a lack of education around such generalist and frequently false notions must be addressed by exposure and education which may then allow cultural values of communality and kinship to dominate the consciousness of those who possess these misconceptions.

Specifically, once members of the extended family and overall community are able to observe someone they know who identifies as trans, it appears that fear eventually dissipates and social support increases. Over time, cultural values pertaining to the importance of kinship and coming together as a community appear to supersede initial fears based on stereotypes or lack of information. An initial reaction of intolerance or fear was not always the case when loved ones learned of the participants’ trans identity, but in those that were, other Central Appalachian cultural influences related to family and communality frequently won out.

Sense of place. A sense of place and love for the beauty of the region, especially its mountains, was noted by 28% of participants. Four participants had migrated to Central Appalachia and described how it felt like “home” to them. Others said they had moved away only to return to the beauty of the region and to be close to family. Participants noted the aesthetics of the mountains that stretched out in all four states in Central Appalachia. Similar to the support of family and friends, the beautiful topography seemed to help counterbalance a lack of transgender-specific resources.

Being drawn to or having an appreciation of the geography of Central Appalachia, in addition to the presence of extended kin, may have persuaded participants to remain in the region in spite of the lack of transgender-specific resources. Remaining in the region would have provided more time for initially intolerant individuals to become more accepting and acclimated to the trans identity of participants. Moreover, a lapse of time would have also provided the necessary conditions for cultural messages surrounding communality and kinship to supersede any initial negative reactions. A sense of place and belonging might have intermingled with other conditions to create a more positive environment conducive to attitudinal change and consequent increases in social support. The social support literature almost exclusively focuses on monolithic forms of social support and any benefits rather than influential environmental or cultural conditions in the lives of trans individuals. It is especially imperative to understand the conditions influencing social support in rural communities where few trans individuals may reside.

Hospitality. Hospitality was also commonly reported in the narratives and often demonstrated by participants themselves. I was frequently greeted with warmth and overwhelming hospitality by the participants. Whether it was an offer to sit by the fire, to

tour the person's home, or an invitation to stay the night when interviews stretched out late into the evening, hospitality characterized our interactions. Hospitality transcended gender identity and geography in that transwomen and transmen in urban and rural regions were equally warm and hospitable. Hospitality was also conveyed in participant narratives when the participants were invited to the homes of neighbors and co-workers. An invitation to one's home appeared to surpass the importance of simply being invited to hang out with someone at another location. Being invited into one's inner sanctum appeared to communicate greater trust and support to participants.

In the wider social support literature, specific types of social support frequently lack investigation. Being able to identify specific cultural characteristics that influence social support for trans individuals especially in rural settings that have received little focus is important. Hospitality is one such cultural characteristic that appears to influence social support for trans individuals in Central Appalachia. However, the concept of hospitality in the social support literature relates primarily to the hospitality industry including hotels and restaurants (Lee, 2013; Tews, Michel, & Allen, 2014) rather than hospitality as a cultural value. However, the present study showed how the cultural value of hospitality in the form of being invited to one's home denoted a higher level of comfort and acceptance of one's trans identity than perhaps simply interacting with someone on the job.

No empirical or conceptual articles were located in the urban or rural literature that contained any exploration of hospitality in regards to social support. However, in a more conservative rural culture that possesses misinformation about trans identity, being trans

and receiving an invitation to one's home may strongly convey acceptance and support for a trans individual in Central Appalachia.

Loyalty. An undercurrent of loyalty was visible in that nearly all participants maintained contact to varying degrees with family and kin regardless of the person's thoughts or behaviors toward them. Hardly any respondent had willingly cut off contact with family members. However, some parents or families of participants had ceased contact with the participant. One transwoman and one transman had even ceased transitioning due to the lack or anticipated lack of parental and familial support. Similarly, a transwoman said she would "quit this" if it meant having a closer relationship with her children who had had little contact with her since her transition.

Similar to hospitality, loyalty is often framed in the empirical literature in terms of consumers. Loyalty is frequently examined in regards to customer loyalty towards a variety of businesses including resorts (Gao & Lai, 2015) and retail stores (Jani & Han, 2015). Loyalty as a cultural value and its influence on social support in rural settings is virtually unknown. Within Central Appalachia, loyalty appeared to influence social support for trans participants in positive and negative ways. In a positive vein, participants maintained contact with extended family members even if the families did not initially accept them which may have provided the necessary platform for communal attitudes and an emphasis on kinship to eventually override intolerance or a lack of acceptance. However, maintaining contact with family members who did not accept or say they accepted the trans individual, yet continued to commit microaggressions (e.g., using one's birth name, incorrect pronouns) may have increased minority stress. Social support would appear similar on the surface in that family members would likely still

interact with the participants, but the type of social support may not be adequate or validating. Also, a sense of loyalty to family members who were not accepting also seemed to impact whether participants transitioned or not or would impel them to reverse their transition in order to maintain social harmony out of a sense of love and loyalty.

Indirect communication. Indirect communication in the form of gossip or asking others questions about the trans participant instead of directly asking the participant themselves was commonly described. Direct inquiry about one's trans identity was not commonplace in Central Appalachia. Indirect communication sometimes made it difficult for participants to determine who was truly supportive. Indirect communication in the form of gossip was noted in over a third or 36% of interviews. Participants perceived that others would be "nice to your face, but then talk behind your back." Some participants were uncertain as to who truly accepted them.

Most participants knew how immediate family members, especially mothers, felt about their trans identity, but a lack of certainty arose regarding the attitudes of extended family and/or community members. However, two participants from Virginia, a transwoman living in a medium-sized region and a transman living in a very small rural community, described how others "weren't bashful and would tell you what they think." For the most part however, communication was perceived as indirect and unclear.

Individuals in small, rural communities were sometimes perceived as "nosy" or "curious." Participants reported that rather than ask them direct questions, people would ask others they perceived to be close to the trans person. Direct discussions with the participant regarding their trans identity were not common, especially in small rural communities. One transwoman residing in a very small Eastern Kentucky town

commented that others did not talk openly about her trans identity, “but they don’t condemn [me] either. They still see me as a good person.” Participants remarked how it seemed as if others felt it was rude to ask a trans person questions directly.

A lack of direct communication could influence social support perceptions in that trans participants were not always able to gauge who was truly supportive of them when interactions with others lacked direct comments or questions about their trans identity. If others appeared pleasant and accepting when interacting with trans individuals yet then made disparaging remarks when the trans person was not around, such indirect communication and lack of authenticity may have damaged their relationships and increased their minority stress. Trans participants often seemed understandably betrayed by the negative remarks of others. One young transman heard some of the comments his grandmother had made about him to other family members that had gotten back to him and the hurt expression on his face was obvious. Not knowing if someone is truly supportive could also lead trans individuals to be more hypervigilant in their interactions with others or avoid individuals perceived as engaging in negative indirect communication (e.g., gossip).

Avoidance or a lack of contact with loved ones who may initially lack understanding or acceptance of their trans loved one could subsequently cause them to miss out on opportunities to interact and thus challenge rigid beliefs and stereotypes they may have about trans identity. This could lead to a missed opportunity for the loved one to increase their understanding and provide support. A lack of direct communication may buffer the trans individual from directly encountering negative remarks which may be helpful in the short term, but over time lead to questions about who is truly loyal and supportive and

those who simply appear to be. A lack of understanding of the true feelings of others could result in unease and discomfort in interactions and an overall eroding of social support. The conditions potentially necessary to allow others to become more supportive may cause hardship or unease for the trans individual in the meantime.

Wish to Migrate

Living in Central Appalachia may be better than what is depicted in the rural trans literature, but perhaps not good enough to keep trans individuals from re-locating. Some participants were content to remain in Central Appalachia, but many voiced a desire to move. The “grass seemed greener on the other side,” especially for younger trans participants. Reasons for moving reflected those that cisgender rural individuals would frequently give such as seeking greater employment opportunities, going away to college, a wish to be closer to a dating partner, and/or a desire to access a larger dating pool. However, other reasons for moving seemed more specific to gender transition and trans identity. Some participants wished to obtain greater anonymity, medical/surgical/mental health resources and services, or alleviate “queer battle fatigue.”

Unlike most cisgender individuals, actualizing one’s true gender identity sometimes required the accrual of financial funds, obtainment of surgical and/or hormonal procedures, as well as the obtainment of treatment from culturally informed medical and mental health providers. Also, some trans individuals desire to be anonymous in another locale because it seems safer. For example, a male-affirmed individual may be hesitant about going to the men’s bathroom in his workplace or in public settings where others have known him since he was a child or prior to his transition. This safety issue would not be a likely concern however, if he moved to another town or larger city.

Moreover, no amount of support from friends and family would produce the degree of transition that many participants wished to obtain. Greater employment opportunities and transitional services are more often present in larger metropolitan centers compared to rural and even urban regions in Central Appalachia. The void created by a lack of transgender specific resources (e.g., gender specialists, mental health professionals, sizeable transgender community, etc.) would not be erased by any amount of support of family and friends. No amount of support would likely produce the needed external transition many young participants sought or overcome a desire to “start over” somewhere else.

Implications for Practice

Mental health service providers who practice in rural settings like Central Appalachia face many challenges. Challenges can include the unique characteristics of residents and the sub-culture dynamics of the communities. There is an overall lack of available services in the region (Barbopolous & Clark, 2003) and a further scarcity of culturally informed psychologists available to serve the needs of rural trans clients. Few culturally informed mental health providers and a lack of research on transgender mental health may compound and interfere with effective treatment interventions for trans clients in Central Appalachia. Consequently, research findings from this project can inform the interventions of rural mental health professionals working with trans clients. The research findings contribute to culturally informed, strengths-based perspectives related to assessment, treatment and advocacy.

Assessment. Prior to assessment and therapy, trans clients may feel more welcome if trans-specific fliers and brochures are visible in the therapy waiting room. The presence

of these materials is not only welcoming and normalizing for trans clients, but may also create opportunities for dialogue with cisgender clients who may be unfamiliar with trans identity. Cisgender clients may have a family member who is trans or may interact with trans clients in the waiting area. Discussions about trans identity can inform all clients and hopefully foster supportive exchanges between cisgender and transgender clients.

During the assessment phase, therapists should assess not only mental health concerns, but also current social support structures and forms of support the trans client is receiving. From a strengths-based perspective, it is necessary to assess client resources and strengths, not just psychopathology and behavioral concerns. Current social support systems represent one type of strength or resource clients will likely possess to some degree. Assessing current social support systems provides insight into what relationships should be maintained as well as those that need to be created. For example, male-affirmed trans clients may report more social support generally, especially familial support compared to female-affirmed trans clients. A thorough assessment of the types of social support the client is reporting versus what forms may be lacking will also inform later treatment. A client who reports more practical support compared to emotional or identity support may also report higher levels of psychopathology in that emotional and identity support may be more tied to psychosocial well-being than practical support (i.e., financial assistance).

Treatment. Male-affirmed clients may require more maintenance of social support whereas female-affirmed individuals could benefit more from problem solving around the initial creation and maintenance of familial support. Research findings indicated that rural transmen reported more overall support compared to transwomen, with the most

glaring contrast related to familial support. Providing psycho-education directly to family members and other supportive others or role-playing these conversations in session may be helpful for trans clients who wish to educate others on trans identity and garner their support.

Assisting trans clients in educating their friends and family on trans identity and proactively preparing loved ones to answer questions on behalf of the client may also be helpful. However, it may be more appropriate for some clients to instruct friends and family to direct any questions they receive from others to the client themselves rather than speak on behalf of the client. Some loved ones may still feel uncomfortable asking the trans individual questions directly and continually question loved ones.

Within rural culture, it is important for therapists to understand that the family (i.e., extended kinship network) is central and thus the inclusion of family members in session may be culturally appropriate. Family and non-family members may wish to accompany the trans individual to therapy in order to gain more insight into trans identity. The inclusion of family members in therapy may also foster direct communication among family members and increase overall cohesion and support.

Based on the influence many mothers had on the social support experiences of trans participants in this study, therapists may wish to collaborate with their trans clients in enhancing or garnering support from clients' mothers. Increasing support among mothers should precede the facilitation of family sessions in that supportive mothers could potentially persuade other family members to also be more supportive of the client. Family sessions with female-affirmed clients may be especially helpful when there is a lack of familial support. Other goals would be assisting trans clients in garnering identity

and emotional support from a variety of sources within the family and greater community.

Therapists must also consider the social context that influences the client and their loved ones. The social context, which includes one's culture, (Bronfenbrenner, 1977) influences gender identity (Gray, 2009) and expression. Therefore it is imperative that mental health care providers base their interventions on knowledge of the specific socio-ecological context of their clients. For example, therapeutic interventions derived from a sample of trans participants from San Francisco may not work well with trans clients from Eastern Kentucky.

Additionally, the research findings point to cultural influences that appear to shape the social support experiences of participants (i.e., sense of place, loyalty, emphasis on kinship and communal attitudes, individualism, etc.). Therapists should be cognizant of the larger cultural context and environmental conditions that shape the social support experiences of trans clients. For example, understanding that some initial intolerance or bias based on a lack of knowledge of trans identity may eventually be replaced by stronger cultural values related to loyalty, kinship, and individualism, which may be cause for optimism. These cultural values can be marshaled on behalf of the client.

Advocacy. Opportunities for advocacy on behalf of trans clients abound within Central Appalachia and other rural settings. Therapists may need to educate other therapists and staff including administrative staff who come into contact with trans clients. Instructing staff to use the client's preferred pronouns and preferred name is important as well as engaging in respectful and supportive exchanges. Advocacy at the legislative level is also imperative. Advocating on behalf of trans citizens in

communities at the county, state, and federal levels are needed in order to bring about systematic change. Advocacy within school and workplace settings may also be warranted. Advocating on behalf of trans clients with supervisors, human resources, and co-workers may be helpful. Advocacy may be less necessary at the college and university level, but more likely in high school or perhaps elementary and middle schools. At all levels, educating the trans client on how to effect social change in the community is also empowering.

Employment opportunities can be limited in economically depressed regions such as Central Appalachia (ARC, 2004). Finding adequate work in addition to a safe and affirming work environment is crucial for trans individuals. Financial resources may not only be crucial for meeting basic monetary responsibilities (e.g., mortgage and utility bills), but also frequently necessary to obtain any desired surgical/non-surgical transitional procedures including cross-hormonal treatments or gender confirming surgery.

Fostering supportive relationships between the client and supervisors and co-workers can facilitate safer work environments as well as expand the support network for rural trans clients. Participant narratives indicated that a great deal of support already exists within myriad work settings and academia. However, advocacy is still needed where support remains limited or non-existent. Advocacy is necessary at multiple levels to bring about systematic change and increased support for trans clients.

A need for advocacy on behalf of trans clients exist within the treatment setting and larger community. Opportunities for multi-level advocacy in a variety of settings abound. Taken together, these strengths-based interventions during assessment,

treatment, and advocacy could potentially increase clients' personal strengths and resources and help buffer them from discrimination and stigma. Moreover, accessing social support could help promote psychosocial well-being in a region that often lacks a larger transgender community and other transgender-specific resources.

Simply connecting rural trans clients to online resources or referring clients to nearby urban trans support groups may be insufficient in light of research findings. Not all transgender support groups are safe and affirming spaces. Also, rural trans clients may lack the necessary financial resources or means to travel to trans support groups which often meet in urban areas. Finally, support via online groups may not be an adequate substitute for more proximal interactions within the kinship network and larger community. Supportive trans groups and online support may be peripherally helpful, but not entirely sufficient to meet the social support needs of trans individuals in Central Appalachia.

Social support in a variety of forms provided by multiple sources is important to the well-being of rural trans individuals. Social support has been repeatedly linked to enhanced psychosocial well-being in trans individuals (Bith-Melander et al., 2010; Budge et al., 2012; Nuttbrock et al., 2002; Pinto et al., 2008) and found to mediate psychological distress in trans individuals (Budge et al., 2013; Larios et al., 2009). Therefore, in areas that lack transgender specific resources or a sizable transgender community, obtaining or fostering social support may be doubly important.

Strengths, Limitations, and Future Directions for Research

The strengths of the study included a focus on trustworthiness (Morrow et al., 2012), member checks (Kopala & Suzuki, 1999), and verification (Berg, 2001). Additionally

the notable sample size with nearly equal numbers of male- and female-affirmed participants represented further strengths of the study. I accomplished prolonged engagement with the data over the past year as I analyzed participant narratives. As I traveled to various destinations and conducted face-to-face interviews, I conscientiously observed the social context and interview process and took field notes. The field notes were recorded and facilitated the analytical process. Triangulation (Berg, 2001) occurred through a combination of interviews, direct observations, field notes, reflexive writing, peer review, and member checks. Member checks included having multiple participants review transcripts and data analysis for accuracy. Findings were also discussed with my faculty advisor and research team members. These additional lines of insight as well as the inclusion of participants helped increase the rigor and credibility of the findings.

Moreover, the sample size exceeded expectations in that initial estimates of the potential participant pool were nine to twelve, however the study grew to 25 participants in three months. Theoretical saturation was obtained. Lastly, a strength of the study was the nearly equivalent numbers of male- ($n=12$) and female-affirmed ($n=13$) participants. Other qualitative studies in transgender psychology tend to have many more biological males who identify as female-affirmed than biological females who identify as male-affirmed participants in their samples (Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Bith-Melander et al., 2010; Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006; Melendez & Pinto, 2007; Nemoto et al., 2004; Singh & McKleroy, 2011; Walinsky & Whitcomb, 2010). I did not experience these difficulties in recruiting male-affirmed participants.

The limitations of the study pertained to homogeneity and a lack of transferability. Consistent with the demographics of the region, the sample was racially homogeneous with the vast majority of participants identifying as Caucasian. The sample was also restricted in terms of SES. Most participants were lower to lower middle class in terms of income, yet quite similar in levels of education. Nearly all participants had attended some college or technical school following graduation from high school. Non-binary trans identities were not represented as well. Sample participants identified as male- or female-affirmed opposed to more fluid gender identities.

The medium sample size also lacked transferability. One would be remiss to transfer the results of 25 individuals to the entire Central Appalachian trans community. Transferability refers to the applicability of the study findings in other settings and situations (Coffey & Adkinson, 1996). Qualitative researchers generally agree that research findings cannot be replicated even by the same researcher given its contextual interaction and subjective construction (Berg, 2001). Therefore, transferability was not considered a useful qualitative research objective. Consequently, the results should thus be interpreted as more descriptive of lower to lower middle SES, highly educated, white, female- and male-affirmed trans populations in Central Appalachia.

The perceived social support experiences of trans-identified persons in rural Central Appalachia were the focus of the research study. Findings pertained primarily to trans-identified individuals residing in Central Appalachia, however some applicability to other rural settings may be appropriate. Rural settings often share similarities such as small density populations, traditional gender roles, conservatism, and an emphasis on communal values (Rounds, 1988).

Regardless of the limitations, the research study was a vital step in exploring the social support experiences of trans individuals residing in Central Appalachia. The study contributed to the literature on trans rurality and transgender psychology as a whole and signaled other important areas for future research. The goal of the research study was to explore a poorly understood phenomenon. Future researchers can extend the research further by including more diverse samples in terms of gender identity, SES, and race/ethnicity.

Several gaps remain in transgender psychology related to strengths-based research, rural contexts, and trans identity. Other strengths, skills, and resources which may enhance trans psychosocial well-being need to be examined in order to be integrated into culturally relevant treatment plans. Understanding how different rural contexts differentially shape trans experience would also be valuable. Additionally, understanding family and community members' experiences in providing support to trans loved ones would be helpful. The narratives of supportive others would assist in facilitating ally development. A need exists in all areas to understand how to facilitate ally development in trans communities (Harper & Singh, 2014), but this need is especially crucial in rural settings which lack trans-specific resources.

Another important unanswered question pertains to the role of gender identity in social support. Why do transmen seem to perceive more support than transwomen? Does this gender identity difference vary by social context or by source of support? In-depth research conducted with supportive and unsupportive others may help answer questions related to individual and cultural characteristics that may influence transgender social support in rural settings as well as other settings. A qualitative study conducted via

semi-structured interviews with supportive/unsupportive cisgender individuals close to trans individuals in Central Appalachia would help provide important answers to these questions. Much remains to be known about the phenomenon of social support for trans individuals in rural settings like Central Appalachia.

Conclusion

An analysis of the social support experiences of trans individuals in Central Appalachia facilitated a comparison of social support experiences *and* transgender theory. The social support experiences of transgender individuals have received little attention, rural or urban. Any comparison of urban and rural transgender social support experiences was hindered by the lack of rural social support research in transgender psychology. The present exploration of Central Appalachian transgender social support experiences was an asset to both the social support literature and the rural trans literature.

Social context shapes individual experience (Bronfenbrenner, 1977). Transgender theory primarily based on the experience of urban trans respondents may not resonate with rural trans individuals. How could theory derived from trans-identified persons living in an urban culture resonate with trans-identified persons situated in a rural culture? However, this cannot be answered without rural trans studies with which to compare transgender theory. The present research study on the social support of trans individuals in Central Appalachia facilitated such an examination.

Additionally, an exploration of the social support experiences of trans individuals in Central Appalachia addressed gaps in the transgender literature. The research study contributed to the strengths-based literature by exploring experiences of transgender social support in Central Appalachia. The study also reflected important core themes and

values central to the field of counseling psychology to better assist the interventions of psychologists and helping professionals assisting rural trans clients. This research study contributed to our knowledge regarding the intersection of rural and trans identities which represent multiple marginalities, and added to the sparse transgender social support research. The study also allowed for a comparison of rural and urban social support experiences with current transgender theory.

Even though rural areas are not well-equipped with transgender specific resources similar to some urban contexts, rural areas are not without their strengths. In the present study, sub-categories denoting different types of social support originated from a host of sources including familial and non-familial. Identity support and emotional support seemed to surpass practical support in its salience and importance. Social support sub-categories were quite diverse revealing types of support important in its contribution to transgender psychology. Additionally, the use of coping mechanisms like receiving social support may help alleviate the compounded stigma that might result from intersecting rural (i.e., Appalachian) and trans identities. Findings about the nature and importance of social support in Central Appalachia may prove helpful to mental health providers assisting trans clients in rural areas. Assessing current social support and assisting trans clients in the enhancement of social support structures will likely help offset psychological distress and increase psychosocial well-being.

Research findings have addressed important gaps in the empirical literature related to strengths-based rural transgender experiences. However, much remains unknown about the nature of transgender social support across urban and rural contexts. Research focusing on the experiences and perceptions of supportive others in rural areas would

also help answer additional questions raised by this research project. Overall, the glaring lack of transgender specific resources in Central Appalachia may be partially offset by the wide array of social support provided by a variety of sources in this region. However, for many rural trans individuals, no amount of social support will bring about their desired transition. More social support existed in rural areas than previously assumed, yet rural contexts were still found to be limiting.

Counties in Central Appalachia

Kentucky (54 counties)

Adair, Bath, Bell, Boyd, Breathitt, Carter, Casey, Clark, Clay, Clinton, Cumberland, Edmonson, Elliott, Estill, Fleming, Floyd, Garrard, Green, Greenup, Harlan, Hart, Jackson, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, McCreary, Madison, Magoffin, Martin, Menifee, Metcalfe, Monroe, Montgomery, Morgan, Nicholas, Owsley, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Wayne, Whitley, and Wolfe

Tennessee (52 counties)

Anderson, Bledsoe, Blount, Bradley, Campbell, Cannon, Carter, Claiborne, Clay, Cocke, Coffee, Cumberland, De Kalb, Fentress, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jackson, Jefferson, Johnson, Knox, Lawrence, Lewis, Loudon, McMinn, Macon, Marion, Meigs, Monroe, Morgan, Overton, Pickett, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Smith, Sullivan, Unicoi, Union, Van Buren, Warren, Washington, and White

Virginia (25 counties)

Alleghany, Bath, Bland, Botetourt, Buchanan, Carroll, Craig, Dickenson, Floyd, Giles, Grayson, Henry, Highland, Lee, Montgomery, Patrick, Pulaski, Rockbridge, Russell, Scott, Smyth, Tazewell, Washington, Wise/Norton, and Wythe

West Virginia (55 counties)

All counties. Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, and Wyoming

Potential Recruitment Sources

- Campus Organizations

Alphabet Center at Eastern Kentucky University

LGBT Center at Appalachian State University

OutSource at University of Kentucky

Pride Alliance at Eastern Kentucky University

- Community Organizations

GLSO Center

Kentucky Equality Federation

TransAction

Transconnection

TransKentucky

- Transgender Conference

Southern Comfort Conference

Recruitment Letter

Dear XXXX,

My name is Angie Aaron and I am a doctoral student in Counseling Psychology at the University of Kentucky. I am conducting a dissertation research project on the social support experiences of transgender individuals living in rural Central Appalachia under the supervision of Sharon Scales Rostosky, Ph.D. Very little is known about the experiences of trans-identified individuals in rural communities. The purpose of my study is to better understand real life experiences so that service providers can be more helpful and supportive to trans people. I am seeking transgender individuals who live in rural Central Appalachia who are willing to be interviewed by me.

I am conducting interviews with individuals whose gender identity does not align with their natal or biological sex (e.g., male- or female-affirmed). Transgender participants must be 18 years or older and currently reside in Central Appalachia. The interviews will last approximately 60-90 minutes and participants will be reimbursed \$25.00 for their time.

Please contact me at ajaa222@uky.edu or 859-358-5520 if you would like more information or would be interested in participating in this study. Thank you for your time and consideration.

Sincerely,

Angie Aaron

Please feel free to share this e-mail and contact information with others who may be interested in participating in this study.

Consent to Participate in Research Study

Transgender Individuals' Social Support Experiences in Central Appalachia

WHY ARE YOU BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in a research study on the social support experiences of transgender individuals in rural Central Appalachia. You are being invited to take part in this research study because you identify as transgender (i.e., your gender identity does not align with your biological or natal sex). You are 18 years of age or older and currently reside in rural Central Appalachia. If you volunteer to take part in this study, you will be one of about 12-15 people to do so.

WHO IS DOING THE STUDY?

The person in charge of this study is Angie Aaron, M.S., a doctoral student at the University of Kentucky Department of Counseling, School, and Educational Psychology. She is being guided in this research by Dr. Sharon Scales Rostosky, Ph.D. There may be other people on the research team assisting at different times during the study.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to better understand experiences of social support received by transgender individuals in rural Central Appalachia.

ARE THERE REASONS WHY YOU SHOULD NOT TAKE PART IN THIS STUDY?

You should not volunteer if you are under 18 years of age, do not currently reside in rural Central Appalachia, or do not identify as transgender.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

Face to face interviews lasting approximately 1 ½ to 2 hours will take place at a location to be determined by the participant and the researcher. All interviews will be conducted by Angie Aaron.

WHAT WILL YOU BE ASKED TO DO?

If you decide to take part in this study, I will audio-record an interview that will ask you to relate stories and other information about your social support experiences in rural

Central Appalachia. I will ask you specific and broad questions about your social support experiences that occurred in rural Central Appalachia. Based on your responses, other questions may be asked to get more detail or clarification. You may skip any question that you do not wish to answer. At the end of the interview, I will ask you if you would be willing to be contacted by phone or e-mail for follow-up information or to give your feedback on the preliminary results of this study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

To the best of our knowledge, the interview questions carry no more risk of harm or discomfort than you would experience in everyday life.

If you find any question I ask you to be upsetting or stressful, I can tell you about some people who may be able to help you with these feelings.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?

There is no guarantee that you will get any benefit from taking part in this study. Your willingness to take part, however, may, in the future, help society as a whole better understand the experiences of trans-identified individuals.

DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. Your participation is completely voluntary and you can stop at any time or skip any question during the study and still keep the benefits and rights you had before volunteering.

IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to be in the study, there are no other choices except not to take part in the study.

WILL IT COST YOU TO PARTICIPATE?

There are no costs associated with taking part in the study.

WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will receive \$25.00 cash after the interview is completed for taking part in this study. If you choose to withdraw early, you will be partially reimbursed depending on the amount of time that you have invested prior to withdrawal. For example, thirty minutes of participation would be a prorated sum of \$12.50 and for ten minutes you would receive \$5.00, etc.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

We will make every effort to keep private all research records that identify you to the extent allowed by law.

The information you provide in the interview may be published in academic research, currently and in the future. Direct quotes may be used but you will not be identified. Any published articles will use pseudonyms for your name and community to keep your identity confidential. In the research process, an identification number will be assigned to your information which only the primary researcher will have access to. Other times your information will be combined with information from other people taking part in the study and your name and other identifying information will remain private. This informed consent document and digital audio recorders will be kept separate from other materials and will be locked in a storage container and kept in a locked filing cabinet of that only the principal researcher will have access to.

I will keep private all research records that identify you to the extent allowed by law. However, there are some circumstances in which I may have to show your information to other people. For example, the law may require me to show your information to a court or I may have to tell authorities if you report information about a child being abused or if you pose a danger to yourself or someone else. Also, I may be required to show information which identifies you to people who need to be sure we have done the research correctly; these would be people from such organizations as the University of Kentucky.

CAN YOUR TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You will not be treated differently if you decide to stop taking part in the study.

The individual conducting the study may need to withdraw you from the study. This may occur if you are not able to follow the directions I give you, if I find that your being in the study is more risk than benefit to you. A consequence of withdrawal is that you will receive a prorated cash payment for the amount of time you have invested prior to withdraw. If you wish to withdraw you may simply tell the researcher that you wish to do so.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigator, Angie Aaron at 859-358-5520. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of

Kentucky at 859-257-9428 or toll free at 1-866-400-9428. We can provide you with a signed copy of this consent form.

WHAT IF NEW INFORMATION IS LEARNED DURING THE STUDY THAT MIGHT AFFECT YOUR DECISION TO PARTICIPATE?

If the researcher learns of new information in regards to this study, and it might change your willingness to stay in this study, the information will be provided to you. You may be asked to sign a new informed consent form if the information is provided to you after you have joined the study.

Signature of person agreeing to take part in the study

Date

Printed name of person agreeing to take part in the study

Name of [authorized] person obtaining informed consent

Date

Demographic Survey

Suggested name? Not one you use: _____

Age: _____

Circle biological sex: Female Male Intersex

How do you describe your gender identity: What words or phrases do you use?

(For ex: female-affirmed, male-affirmed, man, woman, FTM, MTF, transsexual, grl, boi, transgender, transman, transwoman, etc.)? _____

Please indicate your race/ethnicity: ___ Caucasian/White
 ___ African-American/Black
 ___ Native-American
 ___ Asian/Pacific Islander
 ___ Biracial/Multiracial
 Other: _____

Please indicate the label you use for your sexual orientation (For ex: gay, lesbian, queer, bisexual, heterosexual, etc.) _____

Do you have children? Yes No **If so, how many?** _____

Circle highest degree obtained: Some high school
 High School Diploma
 Some college
 Undergraduate degree
 Graduate Degree

Are you currently enrolled in an educational program? Yes No
If yes, please indicate what degree you are seeking _____

Circle annual individual income range: \$ 0-\$15,000 \$ 15,000-30,000
 \$ 30,000-45,000 \$ 45,000-60,000
 \$60,000-75,000 \$75,000-90,000
 \$90,000-above

What is your current relationship status?

- Legally married**
- Single**
- Dating**
- In a committed relationship**
- Registered domestic partnership, civil union or reciprocal beneficiary**
- Civil Marriage**
- Divorced/Separated**
- Other, please specify: _____**

County and state of residence: _____

How long have you lived in your current residence? _____

County and state of origin: _____

Occupation: _____

Interview Protocol

I would like to know what it's like to be transgender and live here in rural Appalachia. I would especially like to hear about who all have been there for you and how they have been there for you. I would like to hear stories about how you feel others here in (put community name here) have shown you they accept and care about you.

Where do you reside? How long have you lived here?

(If interviewee grew up somewhere else) Where did you grow up? What influenced you to move here?

What do you think about Appalachian culture? Can you tell me a story about what it's like to live here in (put community name here)? What are some important things to know about living here?

What's it like for you to be transgender and live here?

Have you revealed or told others that you are trans? If so, who have you told? Can you tell me more about when this happened? Describe this to me more? *(Elicit more stories if possible)*

Has anyone treated you differently since you've come out as trans? Can you tell me a story about when this happened?

Where do you get help when you need it? Who do you go to when you need someone to be there for you? What do you find that you need most from other people? Can you tell me a story of when this happened?

How would you describe your family? Have you come out as transgender to anyone in your family? Did they support you/were they accepting/there for you? Can you tell me a story of when a family member was accepting of your trans identity or showed you support? *(Continue probing for additional stories)*

“Who else has been accepting/supportive/been there for you since you have come out as trans? How can you tell that they support you? Care for you? Accept you? What have they done to show you this? Can you tell me about a time when they showed you support/were there for you? Can you describe this experience to me in detail? *(Probe for additional stories about experiences of support from multiple sources such as romantic partners/spouses, children, friends, neighbors, co-workers, and other community members)*

Continue probing with the previous question(s) until participant is unable to recall examples of social support they have received. Begin with more structured questioning to verify that other types of social support have or have not been received.

Part II

(Investigate instances of tangible or instrumental support) **Loaned money or provided needed items or resources**—“Since coming out as trans, have others given you items you needed? Did things for you? (e.g., loaned you money, provided needed services/resources, other needed items) Can you tell me a story of when this happened?”

Advice—“Have others given you advice when you needed it? Can you tell me more about a time when this happened?”

(Investigate instances of emotional support) **Thoughts and feelings**—“Since coming out as trans, have you been able to open up to others in (*put community name here*) about your personal thoughts and feelings? If so, can you tell me more about this/these experiences? A time when this happened? “

Belonging—“Do you feel as though you belong here in (*put community name here*)? Do you feel welcome since coming out as trans? When was a specific time you felt this way? What happened? Can you tell me a story of when you felt you belonged here? “

Security—“Have others helped you feel more secure? In what ways? Can you tell me about a time when someone made you feel secure/safe/protected here in (*put community name here*)?”

Affection/Comfort/Attention—“Have others provided affection/comfort/attention? [Elicit separate stories or experiences of each one] In what ways? Can you tell me a story or give me more detail of when this happened?”

“Who has been there for you the most since you came out as trans? In what ways has this person supported you?” (*Can elicit multiple stories from various sources based on interviewee’s response*)

“Are you out to everyone in (*put community name here*)? If so, what’s it been like for you living here in _____. How have others acted towards you? Can you tell me more about when this occurred? Give me more detail about this?”

“Have your experiences here in (*put community name here*) changed over time since you came out as transgender? If so, in what ways? (*Elicit concrete stories of these experiences*) Can you tell me about a time when this happened/when others acted differently towards you? What had changed? “

“Looking back over the experiences you have described/told me about, what has been most helpful to you? How has this helped you?”

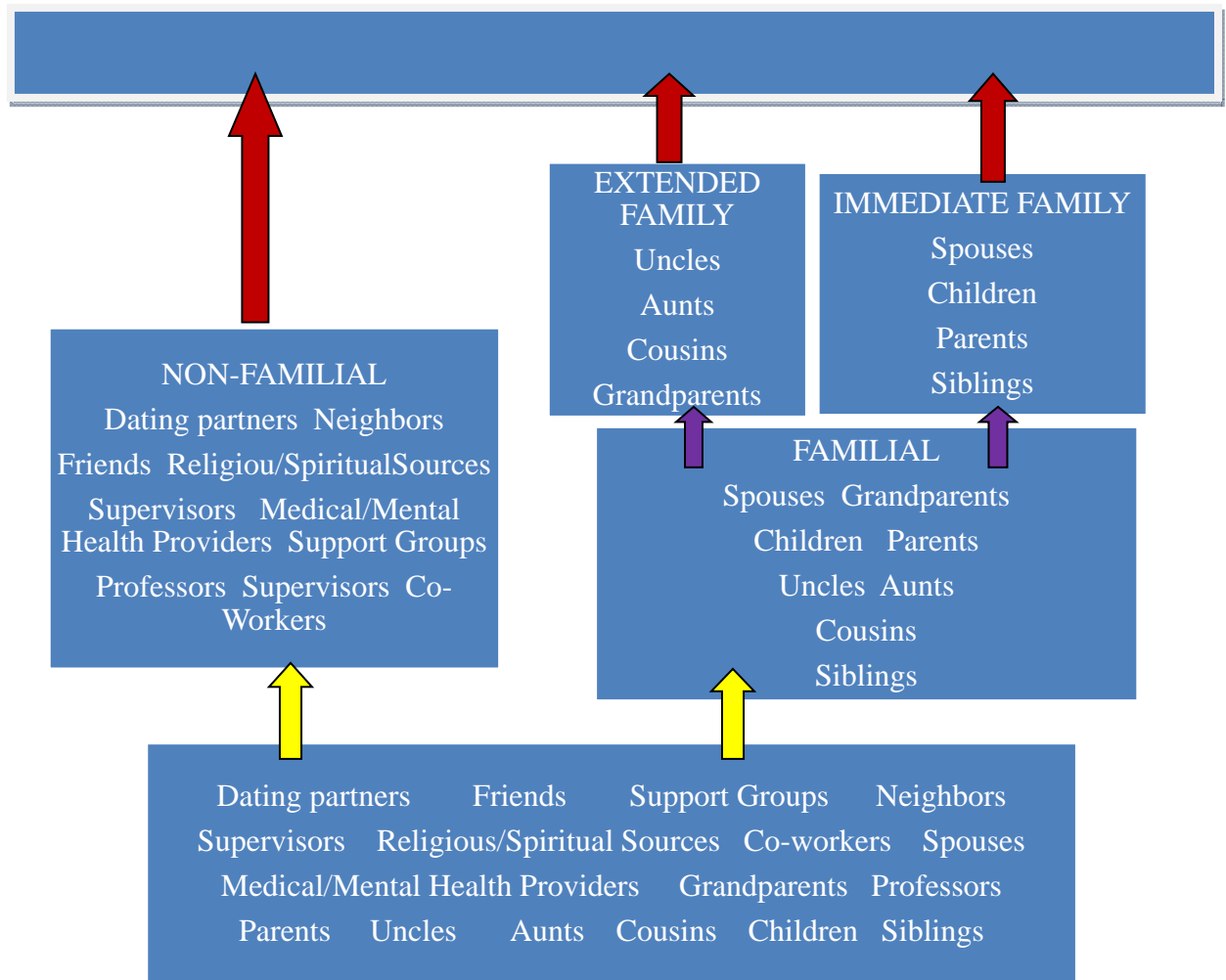
What has been the least helpful? How do you think this affected you?

“Have there been times when you didn’t receive the support you needed? Can you tell me a story about when this happened?”

“Overall, are you happy or satisfied with the support you have received in your family/workplace/neighborhood since coming out as trans?”

"What do you want people to know about being transgender and living here in (put community name here)?" or "What do you want people to understand about your experience as a transgender person in this community?"

Emergence of the Core Category of Sources of Support



Reflexive Writing

1/5/14

An experience that sparked my initial desire to explore the experiences of support for transgender individuals in Central Appalachia occurred about six years ago during a trans panel in my Identity and Sexuality class at EKU. A trans woman who was on the panel related her story of support in her tiny Eastern Kentucky coal mining town. Her narrative inspired me to consider how things may have changed in other small rural towns in Appalachia. I unknowingly, set out to show the world that living as a sexual or gender minority wasn't as bad as what was depicted in the empirical literature. Based on this one experience, my worldview had changed. However, after conducting a small pilot study with two participants, one person who had had mostly positive experiences and another person who had had primarily negative experiences, this assumption was incorrect. This new knowledge modified my assumptions again into a more balanced view in that I predicted that about half the stories I would hear would be positive and the other half would not.

In truth, however, my personal biases originated back to my childhood growing up in a very tiny town in Appalachia. I knew from a very young age that I was different and was only later able put a label on that difference. I was gay. I lived in a small town with my ultra-conservative family who went to the local Pentecostal church every time the doors were open. I was instructed from a young age that women were worth less than men, women were to be only attracted to men, and after marriage women were to obey their husbands and be subservient. Women were responsible for raising the children,

cleaning the house, and cooking for the family. Men were expected to work, eat the food the women prepared, and make the important decisions.

I learned very early that gender roles were fixed and if you wandered outside the rigid gender and sexual orientation boxes, there were dire consequences. This way of living proved to be overly confining. I eventually felt alienated from my family and my community. I moved away to go to college in 1995 and did not return.

My personal biases about the lack of acceptance in the region remained steadfast until I heard my panelist's story of acceptance in a town much smaller than my own. I think this initially gave me hope that things had changed in my small Kentucky town as well. After the pilot however, I thought they may be better, but not great. I honestly hoped things were more positive though and might be able to introduce a new narrative to the empirical literature. However, I had to remain diligent in my attempt to analyze data as objectively as possible and preserve the experiences of my participants, good or bad. On a related note, I'm a little nervous about getting enough participants to obtain theoretical saturation, but I remain optimistic. I have faith in snow-balling techniques which may connect me to participants throughout Central Appalachia. Hopefully, participants will see the theme of my study and feel comfortable introducing me to others.

1/12/14

I've conducted two interviews thus far and have noticed that my Appalachian accent and my identity as a lesbian has been helpful in recruiting participants and encouraging them to be open about any stories of support. Blossom was the original panelist who sparked the entire project and she said she liked the direction of the research in that most researchers and authors she has spoken to heretofore had explored only the negative

aspects of living in Appalachia. I understand that asking about the social support experiences of trans participants garners positive experiences, however, and these experiences warrant attention in the literature. Interestingly, our interview took place in her granddaughter's playhouse as we sat in tiny lawn chairs. The interview was intimate and quite informative. I'm very enthused about meeting more individuals and hearing their stories.

The interview with Michelle was not as positive. Her wife was a bit obstructive in that she was domineering during the interview. I was not able to do the interview in private due to Michelle's wishes. I think I would have gotten more uncensored information from Michelle, however, if her wife had not been present. Notably, when Michelle was filling out her demographic information, she said she had never considered her sexual orientation since transitioning. I was taken aback, but soon realized how privileged I am in being cisgender and having explored my sexual identity. However, for individuals who transition, labels often change. For example, Michelle had considered herself heterosexual when she was perceived as a male attracted to women, however, as a woman who was attracted to women, she referred to herself as lesbian.

I had assumed that transgender individuals examined their sexual orientation labels simultaneously with their gender transition, however, for Michelle, she had been transitioning for some time and was just now contemplating her "new" sexual orientation label. The demographic survey prompted this consideration for Michelle. At that moment, I witnessed her donning of a new label from heterosexual to lesbian.

2/15/14

My Appalachian identity and accent continues to facilitate my phone conversations with participants as I set up and conduct the interviews. The knowledge of my minority sexual orientation which usually comes out organically in our rapport building appears to further foster trust and confidence. The interview itself continues to be a sort of intervention in that multiple participants have commented on how good they felt after the interviews, had not previously realized the amount of support they have, have connected with me the researcher and wished to continue contact after the completion of the study, as well provided space to brainstorm other potential sources of support that participants could access. For example, Erica had not thought about opening up more to her employees and accessing support from them until this came up in the interview.

3/ 1/14

I didn't realize I had a personal bias that urban areas would have more resources for trans individuals. However, in one of the medium sized cities, a state capitol even, there were no gender specialists and few culturally informed mental health professionals. In an urban location, the transgender groups were not always supportive and in some cases, group members were discriminatory and disparaging in their treatment of some participants. I did not realize I had these assumptions until they were challenged. However, it makes sense that I possess these assumptions regarding urban areas and trans support groups. This is what the empirical literature purports. However, such tenets about urban areas are not always true. Big cities do not equal more positive resources and safe spaces. Urban areas and trans support groups are not always safe havens for

trans individuals in Central Appalachia. My ideas and assumptions continue to be challenged.

Common Sources of Support	Frequency
<i>Familial</i>	
Immediate Family	
Parents	
Mothers	52%
Fathers	32%
Siblings	
Brothers	24%
Sisters	16%
Spouses	8%
Children	8%
Extended Family	
Uncles	20%
Aunts	16%
Cousins	24%
Grandparents	12%
Grandmothers	8%
Grandfathers	4%
<i>Non-Familial</i>	
Romantic/Dating Partners	32%
Friendships	
Cisgender friends	
Cisgender females	64%
Cisgender males	56%
Transgender friends	
Male-affirmed	28%
Female-affirmed	20%
Professional	
Medical Providers	20%
Mental Health Providers	36%
Religious/Spiritual Sources	24%
Transgender Support Groups	12%
PFLAG	8%
Workplace Support	
Company-wide	40%
Supervisors	56%
Human Resources Staff	12%
Co-Workers	56%
Customers/Patrons	12%
Neighbors	32%
Academia	48%
Classmates	48%
Professors	40%

Common Types of Support	Frequency
<i>Identity Support</i>	<i>100%</i>
Encouragement and Affirmation	
Encouraged them to transition	20%
Encouraged them to present as other gender	12%
Helped them deal with emotional aspects of transitioning	16%
Helped them come to terms with their “true self”	8%
Encouraged them to be “out” and authentic	8%
Excitement expressed by about their transition	16%
Affirmation about their trans identity	28%
Others said they were proud of them	8%
Mentorship and Trans Visibility	
Merely observed someone who was openly trans	12%
Role-modeling	40%
Transitioned with the participant	8%
Referential Support	
Helped create or come up with preferred name	12%
Use of one’s preferred name	68%
Use of corresponding pronouns	72%
Being referred to as preferred sex (e.g., refer to participant as male instead of female)	12%
Acknowledgement of role change (e.g., now refers to participant as son rather than daughter)	16%
Surgical/Non-surgical Support	
Medical personnel prescribed hormones	16%
Obtained or administered hormones	8%
Accompanied participant to obtain transition-related surgery	16%
Appearance Support	
Helped choose and/or accompanied participant to purchase gendered clothing	24%
Assisted in creating gendered hairstyle	12%
Assisted in learning how to apply make-up	8%
Compliments on physical appearance	12%
Commented on happier the participant appeared	12%
Preferred Gendered Treatment	
Used appropriate gendered paralanguage (e.g., voice intonation, physical touch, and conversation topics)	4%
Was perceived and treated as one’s true gender	12%
Corrected Self and Others for Misgendering (e.g., corrected others who misgendered the participant, said birth name accidentally or “she” instead of “he,” “sir” instead of “ma’am”)	20%
Equal Treatment (i.e., no differential treatment, not treated better than or less than; authenticity on behalf of others)	20%

Comfort around Trans Individuals (i.e., at ease)	12%
Ally and Advocacy Work	
Attended LGBT-related events	16%
Educated others on trans issues	12%
Advocated on behalf of participant	52%
Getting Educated about Trans Identity	
Researched trans issues independently	24%
Asked appropriate questions about trans identity and/or the transition process	52%
Awareness of Trans Accessibility	
Awareness of whether certain facilities had gender neutral bathrooms or private stalls/bathrooms	12%
Advocated for gender neutral bathrooms in the workplace or public settings	4%
Acknowledging societal contributions	
Verbally praised a participant or acknowledging participant for educating others on trans identity/issues	20%
Acknowledged how the participant had impacted the person's views on trans identity/issues	8%
Sense of Protectiveness	
Guardedness and protectiveness over participant	48%
Actively defended the participant to others	12%
Lack of Negative Treatment	
Lack of anticipated hostility or rejection, others "don't care that I'm trans," and/or "not having to explain myself"	44%
<i>Emotional Support</i>	<i>100%</i>
Spending Time Together	
Hanging out	72%
Received an invitation to an event	12%
Invited to someone's home	8%
Received a visit	12%
Talking/frequent conversations in person or via phone	24%
Can talk openly with other person about trans issues	8%
Joking around	12%
Received advice	16%
Communicated and shared pictures on Facebook	8%
Positive Feelings and Behaviors	
Acceptance	68%
Confidence	56%
Trust	12%
"Being there"	40%
Open-mindedness	20%
Niceness	16%
Understanding	16%
Empathy	16%

Caring and concern	12%
Commitment	12%
Validation	16%
Offering friendship	24%
Physical Displays of Affection (e.g., hugs)	24%
<i>Practical Support</i>	56%
Financial Assistance	44%
Housing Assistance (e.g., provided a place for participant to live during period(s) of homelessness)	32%
Neighborly Assistance	12%
“Watching my house”	8%
Brought over soup	4%
General Helpfulness	44%

**Depiction of Perceived Influential Central Appalachian Cultural Messages and
Characteristics on the
Social Support Experiences of Transgender Individuals**



References

- Addis, S., Davies, M., Greene, G., MacBride-Stewart, S., & Shepherd, M. (2009). The health, social care and housing needs of lesbian, gay, bisexual and transgender older people: A review of the literature. *Health & Social Care in the Community*, *17*, 647–658. doi: 10.1111/j.1365-2524.2009.00866.x
- Appalachian Regional Commission. (2004). *County economic status designations in the Appalachian region fiscal year 2004*. Retrieved from <http://www.arc.gov>
- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring Multiple minority stress: The LGBT people of color microaggressions scale. *Cultural Diversity and Ethnic Minority Psychology*, *17*, 163-174. doi: 10.1037/a0023244
- Barbopoulos, A., & Clark, J. M. (2003). Practising psychology in rural settings: Issues and guidelines. *Canadian Psychology*, *44*, 410-424. doi: 10.1037/h0086962
- Barrera, M. (1981). Social support in the adjustment of pregnant adolescents: Assessment issues. In B. H. Gottlieb (Ed.), *Social networks and social support* (pp. 69-96). Beverly Hills, CA: Sage.
- Bazargan, M., & Galvan, F. (2012). Perceived discrimination and depression among low-income Latino male-to-female transgender women. *Health Behavior, Health Promotion, and Society*, *12*, 663-673. doi: 10.1186/1471-2458-12-663
- Beemyn, G., & Rankin, S. (2011). *The lives of transgender people*. New York, NY: Columbia University Press.
- Bell, P., Reddy, P., & Rainie, L. (2004). Rural areas and the Internet: Rural Americans'

- Internet use has grown, but they continue to lag behind others. *Pew Internet and American Life Project*. Retrieved from http://www.pewinternet.org/~media/Files/Reports/2004/PIP_Rural_Report.pdf
- Berg, B. L. (2001). *Qualitative methods for the social sciences* (4th ed.). Boston, MA: Allyn & Bacon.
- Bith-Melander, P., Sheoran, B., Sheth, L., Bermudez, C., Drone, J., Wood, W., & Shroeder, K. (2010). Understanding sociocultural and psychological factors affecting transgender people of color in San Francisco. *Journal of the Association of Nurses in Aids Care*, *21*, 207-220.
doi: 10.1016/j.jana.2010.01.008
- Bockting, W., Brenner, A., & Coleman, E. (2009). Gay and bisexual identity development among female-to-male transsexuals in North America: Emergence of a transgender sexuality. *Archives of Sexual Behavior*, *38*, 688-701.
doi: 10.1080/14681990903037660
- Bockting, W. O., Miner, M. H., Swinburne-Romine, R., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, *103*, 943–951.
doi: 10.2105/AJPH.2013.301241
- Bornstein, D. R., Fawcett, J., Sullivan, M., Senturia, K., & Shiu-Thornton, S. (2006). Understanding the experiences of lesbian, bisexual, and trans survivors of domestic violence. *Journal of Homosexuality*, *51*, 159-181.
doi: 10.1300/J082v51n01_08
- Boulden, W. T. (2001). Gay men living in a rural environment. *Journal of Gay and Lesbian Social Services*, *12*, 63-75. doi: 10.1300/J041v12n03_05

- Bowen, K. S., Uchino, B. N., Birmingham, W., Carlisle, M., Smith, T. W., & Light, K. C. (2014). The stress buffering effects of functional social support on ambulatory blood pressure. *Health Psychology, 33*(11), 1440-1443.
doi: 10.1037/hea0000005
- Bradford, J., Reisner, S. L., Honnold, J. A., & Xavier, J. (2013). Experiences of transgender-related discrimination and implications for health: Results from the Virginia transgender health initiative study. *American Journal of Public Health, 103*, 1820-1829. doi: 10.2105/AJPH.2012.300796
- Brewster, M. E., Velez, B., DeBlaere, C., & Moradi, B. (2012). Transgender individuals' workplace experiences: The applicability of sexual minority measures and models. *Journal of Counseling Psychology, 59*, 60-70.
doi: 10.1037/a0025206
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*, 513-531. doi: 10.1037/0003-066X.32.7.513
- Brown, D. (2008). African American resiliency: Examining racial socialization and social support as protective factors. *Journal of Black Psychology, 34*, 32-48.
doi: 10.1177/0095798407310538
- Budge, S. L., Katz-Wise, S. L., Tebbe, E. N., Howard, K. A. S., Schneider, C. L., & Rodriguez, A. (2012). Transgender emotional and coping processes: Facilitative and avoidant coping throughout gender transitioning. *The Counseling Psychologist, 81*, 545-557. doi: 10.1177/0011000011432753
- Budge, S. L., Adelson, J. L., & Howard, K. A. S. (2013). Anxiety and depression

in transgender Individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology*, *41*, 601-647.

doi: 10.1037/a0031774

Burns, D. D. (1998). *Therapist toolkit*. Unpublished manuscript, Los Altos, CA.

Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender-variant clients. *Graduate Student Journal of Counseling & Development*, *80*, 131-139. doi: 10.1002/j.1556-6678.2002.tb00175.x

Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 509–535). Thousand Oaks, CA: Sage.

Charmaz, K. (2005). Grounded theory in the 21st century. In N. K. Denzin & Y. S. Lincoln (Eds.), *The sage handbook of qualitative research* (pp. 507–535). Thousand Oaks, CA: Sage Publications.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications.

Clarke, V., Ellis, S. J., Peel, E., & Riggs, D. W. (2010). *Lesbian, gay, bisexual, trans and queer psychology*. Cambridge, UK: Cambridge University Press.

doi: 10.1017/CB09780511810121

Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons. *Journal of Homosexuality*, *51*, 53-69.

doi: 10.1300/J082v51n03_04

Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: Sage.

- Cohen, S. (2004). Social relationships and health. *American Psychologist*, *59*, 676-684.
doi: 10.1037/0003-066X.59.8.676
- Cole, M. (2006). Culture and cognitive development in phylogenic, historical, and Ontogenetic perspective. In W. Damon & R. M. Lerner (Series Eds.), *Handbook of child psychology: Vol. 2. Cognition, perception, and language* (6th ed.). New York, NY: Wiley.
- Coleman, J. D., Irwin, J. A., Wilson, R. C., & Miller, H. C. (2014). The South Carolina LGBT needs assessment: A descriptive overview. *Journal of Homosexuality*, *61*, 1152-1171. doi: 10.1080/00918369.2014.872515
- Coyne, C. A., Demian-Popescu, C., & Friend, D. (2006). Social and cultural factors influencing health in southern West Virginia: A qualitative study. *Preventing Chronic Disease*, *3*(4), 124-135.
- Crandal, R. (1973). The measurement of self-esteem and related constructs. In J. P. Robinson & P. R. Shaver (Eds.), *Measures of social psychological attitudes* (Rev. ed., pp. 80–82). Ann Arbor, MI: ISR.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage Publications.
- Crowley, S. (2007). Tolerance and the Christian right. *Communication and Critical/Cultural Studies*, *4*, 102–105. doi: 10.1080/14791420601138427
- Davey, A., Bouman, W. P., Arcelus, J., & Meyer, C. (2014). Social support and psychological well-being in gender dysphoria: A comparison of patients with matched controls. *International Society for Sexual Medicine*, *11*, 2976-2985.
doi: 10.1111/jsm.12681

- Davis, T. S., Saltzburg, S., & Locke, C. R. (2009). Supporting the emotional and psychological well being of sexual minority youth: Youth ideas for action. *Children and Youth Services Review, 31*, 1030–1041.
doi: 10.1016/j.chilyouth.2009.05.003
- Denham, S. A., Manoogian, M. M., & Schuster, L. (2007). Managing family support and dietary routines: Type 2 diabetes in rural Appalachian families. *Families, Systems, & Health, 25*, 36-52. doi: 10.1037/1091-7527.25.1.36
- Derogatis, L. R. (1993). *Brief Symptom Inventory: Administration, scoring, and procedures manual*. Minneapolis, MN: NCS Pearson.
- Diaz, R.M., Ayala, G., Bein, E., Henne, J., & Marin, B.V. (2001). The impact of homophobia, poverty and racism on the mental health of gay and bisexual Latino men: Findings from three US cities. *American Journal of Public Health, 91*, 927-932. doi: 10.2105/AJPH.91.6.927
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49*, 71-75.
doi: 10.1207/s15327752jpa4901_13
- Drumheller, K., & McQuay, B. (2010). Living in the buckle: Promoting LGBT outreach services in conservative urban/rural centers. *Communication Studies, 61*, 70-86. doi: 10.1080/10510970903398010
- Eady, A., Dobinson, C., & Ross, L. (2011). Bisexual people's experiences with mental health services: A qualitative investigation. *Community Mental Health Journal, 47*, 378–389. doi: 10.1007/s10597-010-9329-x
- Erich, S., Tittsworth, J., Dykes, J., & Cabuses, C. (2008). Family relationships and their

- correlations with transsexual well-being. *Journal of GLBT Family Studies*, 4, 419–432. doi: 10.1080/15504280802126141
- Erich, S., Tittsworth, J., & Kersten, A. S. (2010). An examination and comparison of transsexuals of color and their white counterparts regarding personal well-being and support networks. *Journal of GLBT Family Studies*, 6, 25-39. doi: 10.1080/15504280903472493
- Ettner, R. (1999). *Gender loving care: A guide to counseling gender-variant clients*. New York City, NY: Norton.
- Fassinger, R. E. (2005). Paradigms, practice, problems, and promise: Grounded theory in counseling psychology literature. *Journal of Counseling Psychology*, 52, 156–166. doi: 10.1037/0022-0167.52.2.156
- Fassinger, R., & Arseneau, J. (2007). I'd rather get wet than be under that umbrella: Differentiating the experiences and identities of lesbian, gay, bisexual, and transgender people. In K. Bieschke, R. Perez, & K. DeBord (Eds.), *Handbook of counselling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 19-50). Washington, DC: American Psychological Association. doi: 10.1037/11482-001
- Feldman, J. (2014). HIV risk behaviors in the U.S. transgender population: Prevalence and predictors in a large internet sample. *Journal of Homosexuality*, 61, 1558-1588. doi: 10.1080/009183692014.944048
- Finch, B. K., Hummer, R. A., Kolody, B., & Vega, W. A. (2001). The role of discrimination and acculturative stress in the physical health of Mexican-origin adults. *Hispanic Journal of Behavioral Sciences*, 23, 399–429.

doi: 10.1177/0739986301234004

- Finch, B. K., Kolody, B., & Vega, W. A. (2000). Perceived discrimination and depression among Mexican-origin adults in California. *Journal of Health and Social Behavior, 41*, 295–313. doi: 10.2307/2676322
- Fisher, C. M., Irwin, J. A., & Coleman, J. D. (2014). LGBT health in the Midlands: A rural/urban comparison of basic health indicators. *Journal of Homosexuality, 61*, 1062-1090. doi: 10.1080/00918369.2014.872487
- Fisher, C., Irwin, J., Coleman, J., McCarthy, M., & Chavez, J. (2011). *The Midlands LGBT needs assessment report*.
http://www.unmc.edu/publichealth/docs/Midlands_LGBT_Community_Report.pdf
- Flentje, A., Heck, N. C., & Sorenson, J. L. (2014). Characteristics of transgender individuals entering substance abuse treatment. *Addictive Behaviors, 39*, 969-975. doi: 10.1016/j.addbeh.2014.01.011
- Fletcher, J. B., Kisler, K. A., & Reback, C. J. (2014). Housing status and HIV risk behaviors among transgender women in Los Angeles. *Archives of Sexual Behavior, 43*, 1651-1661. doi: 10.1007/s105-8-014-0368-1
- Fokkema, T., & Kuyper, L. (2009). The relation between social embeddedness and loneliness among older lesbian, gay, and bisexual adults in the Netherlands. *Archives of Sexual Behavior, 38*, 264–275. doi: 10.1007/s10508-007-9252-6
- Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1986). Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Social Psychology, 50*, 992–1003.

doi: 10.1037/0022-3514.50.5.992

Gagné, P., & Tewksbury, R. (1998). Conformity pressures and gender resistance among transgendered individuals. *Social Problems, 45*, 81-101.

doi: 10.1525/sp.1998.45.1.03x0158b

Galupo, M. P., Henise, S. B., & Davis, K. S. (2014). Transgender microaggressions in the context of friendship: Patterns of experience across friends' sexual orientation and gender identity. *Psychology of Sexual Orientation and Gender Diversity, 1*, 461-470. doi: 10.1037/sgd0000075

Gamarel, K. E., Reisner, S. L., Laurenceau, J. P., Nemoto, T., & Operario, D. (2014). Gender minority stress, mental health, and relationship quality: A dyadic investigation of transgender women and their cisgender male partners. *Journal of Family Psychology, 28*, 437-447. doi: 10.1037/a0037171

Gao, W. B., & Lai, I. W. (2015). The effects of transaction-specific satisfactions and integrated satisfaction on customer loyalty. *International Journal of Hospitality Management, 44*, 38-47. doi: 10.1016/ijgm.2014.10.004

Gardner, B. (2009). Incentivised snowballing. *The Psychologist, 22*, 768-769.

Gelso, C., & Fretz, B. (1991). *Counseling psychology* (2nd ed.). Belmont, CA:

Thomson Wadsworth.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.

Golub, S. A., Walker, J. J., Longmire-Avital, B., Bimbi, D. S., & Parsons, J. T. (2010).

The role of religiosity, social support, and stress-related growth in protecting against HIV risk among transgender women. *Journal of Health Psychology, 14*, 35-44. doi: 10.1177/1359105310364169

Graham, L. F. (2012). Psychosocial health of black sexually marginalized men. In H. M. Treadwell, C. Xanthos, & K. B. Holden (Eds.), *Social determinants of health among African American men*. (pp. 63-81). San Francisco, CA: Jossey Bass

Graham, L. F., Halley, C. P., Tocco, J., Hughes, L. A., Snow, R. C., & Padilla, M. B. (2014). Interpersonal relationships and social support in transitioning narratives of black transgender women in Detroit. *International Journal of Transgenderism, 15*(2), 110-113. doi: 10.1080/15532739.2014.937042

Gray, M. L. (2009). *Out in the country: Youth, media, and queer visibility in rural America*. New York, NY: New York University Press.

Grossman, A. (2008). Conducting research on older lesbian, gay, and bisexual adults. *Journal of Gay Lesbian Social Services, 20*, 51-67.
doi: 10.1080/10538720802178924

Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life-Threatening Behavior, 37*, 527-537.
doi: 10.1521/suli.2007.37.5.527

Harkins, A. (2004). *Hillbilly: A cultural history of an American icon*. New York, NY: Oxford University Press.

Harowski, K., Turner, A. L., LeVine, E., Schank, J. A., & Leichter, J. (2006). From our community to yours: Rural best perspectives on psychology practice, training, and advocacy. *Professional Psychology: Research and Practice, 37*, 158-164.

doi: 10.1037/0735-7028.37.2.158

Harper, A., & Singh, A. (2014). Supporting ally development with families of trans and gender nonconforming (TGNC) youth. *Journal of LGBT Issues in Counseling, 8*, 376-388. doi: 10.1080/15538605.2014.96012

Hartling, L. (2004). Fostering resilience throughout our lives: New relational possibilities. In D. Comstock (Ed.), *Diversity and development: Critical contexts that shape our lives and relationships*. Pacific Grove: Thomson/Wadsworth.

Hill, D. B. (2007). Trans/gender/sexuality: A research agenda. *Journal of Gay & Lesbian Social Services, 18*, 101–109. doi: 10.1300/J041v18n02_06

Hines, S. (2007). *TransForming gender: Transgender practices of identity, intimacy and care*. London, England: The Policy Press.

Hirsch, J. (2006). A review of the literature on rural suicide: Risk and protective factors, incidence, and prevention. *The Journal of Crisis Intervention and Suicide Prevention, 27*, 189-199. doi: 10.1027/0227-5910.27.4.189

Horvath, K. J., Iantaffi, A., Swinburne-Romine, R., & Bockting, W. (2014). A comparison of mental health, substance use, and sexual risk behaviors between rural and non-rural transgender persons. *Journal of Homosexuality, 61*, 1117-1130. doi: 10.1080/00918369.2014.872502

Howard, G. S. (1992). Behold our creation! What counseling psychology has become and might yet become. *Journal of Counseling Psychology, 39*, 419-442. doi: 10.1037/0022-0167.39.4.419

Hudson, W. W. (1982). A measurement package for clinical workers. *Journal of Applied Behavioral Sciences, 18*, 229-238. doi: 10.1177/002188638201800210

- Irwin, J. A., Coleman, J. D., Fisher, C. M., & Marasco, V. M. (2014). Correlates of suicide ideation among LGBT Nebraskans. *Journal of Homosexuality, 61*, 1172-1191. doi: 10.1080/00918369.2014.872521
- Jani, D., & Han, H. (2015). Influence of environmental stimuli on hotel customer emotional loyalty response: Testing the moderating effect of the big five personality factors. *International Journal of Hospitality Management, 44*, 48-57. doi: 10.1016/j.ijhm.2014.10.006
- Kenagy, G. P., & Bostwick, W. B. (2005). Health and social service needs of transgender people in Chicago. *International Journal of Transgenderism, 8*, 57-66. doi: 10.1300/J485v08n02_06
- Kessler, R. C., Berglund, P., Borges, G., Nock, M., & Wang, P. S. (2005). Trends in suicide ideation, plans, gestures, and attempts in the United States, 1990-1992 to 2001-2003. *JAMA, 293*, 2487-2495. doi: 10.1001/jama.293.20.2487.
- King, S., & Dabelko-Schoeny, H. (2009). "Quite frankly, I have doubts about remaining": Aging-in-place and health care access for rural midlife and older lesbian, gay, and bisexual individuals. *Journal of LGBT Health Research, 5*, 10-21. doi: 10.1080/15574090903392830
- Knudsen, K., & Waerness, K. (2001). National context, individual characteristics and attitudes on mothers' employment: A comparative analysis of Great Britain, Sweden and Norway. *Acta Sociologica, 44*, 67-79. doi: 10.1177/000169930104400106
- Koken, J. A., Bimbi, D. S., & Parsons, J. T. (2009). Experiences of familial acceptance-rejection among transwomen of color. *Journal of Family Psychology, 23*, 853-

880. doi: 10.1037/a0017198

Kopala, M. A., & Suzuki, L. (1999). *Using qualitative methods in psychology*.

Thousand Oaks, CA: Sage Publications

Kosenko, K. A. (2011). Contextual influences on sexual risk-taking in the transgender community. *Journal of Sex Research, 48*, 285-296.

doi: 10.1080/00224491003721686

Kostova, Z., Caiata-Zufferey, M., & Shultz, P. J. (2014). The impact of social support on the acceptance process among RA patients. *Psychology & Health, 29*, 1283-1302. doi: 10.1080/08870446.2014.925895

Larios, S. E., David, J. N., Gallo, L. C., Henrich, J., & Talavera, G. (2009). Concerns about stigma social support and quality of life in low-income HIV-positive Hispanics. *Ethnicity and Disease, 19*, 65–70.

Latimer, M., & Oberhauser, A. N. (2005). Exploring gender and economic development in Appalachia. *Journal of Appalachian Studies, 110*, 269-290.

Lee, T. H. (2013). Influence analysis of community resident support for sustainable tourism development. *Tourism Management, 34*, 37-46.

doi: 10.1016/j.tourman.2012.03.007

Lee, M. G., & Quam, J. K. (2013) Comparing supports for LGBT aging in rural versus urban areas. *Journal of Gerontological Social Work, 56*, 112-126.

doi: 10.1080/01634372.2012.747580

Leedy, G., & Connolly, C. (2008). Out in the cowboy state. *Journal of Gay & Lesbian Social Services, 19*, 17–34. doi: 10.1300/J041v19n01_02

Lewis, R. L. (2002). Beyond isolation and homogeneity: Diversity and the history of

- Appalachia. In P. J. Obermiller & M. E. Maloney (Eds.), *Appalachia: Social context past and present* (4th ed., pp. 122-133). Dubuque, IA: Kendall/Hunt Publishing Company.
- Lewis, R. L., & Billings, D. W. (1997). Appalachian culture and economic development: A retrospective view on the theory and literature. *Journal of Appalachian Studies*, 3, 3–41.
- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with transgender people and their families*. New York, NY: Haworth Press.
- Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American Journal of Preventative Medicine*, 42, 221-228. doi: 10.1016/j.amepre.2011.10.023
- Lorber, J. (1994). *Paradoxes of gender*. New Haven, CT: Yale University Press.
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales (2nd ed.)* Sydney, Australia: Psychology Foundation.
- Meier, S. C., Sharp, C., Michonski, J., Babcock, J. C., & Fitzgerald, K. (2013). Romantic relationships of female-to-male trans men: A descriptive study. *International Journal of Transgenderism*, 14, 75-85. doi: 10.1080/15532739.2013.791651
- Melendez, R. M., & Pinto, R. (2007). “It’s a hard life”: Love, gender, and HIV risk among male-to-female transgender persons. *Culture, Health & Sexuality*, 9, 233-245. doi: 10.1080/13691050601065909
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38-56. doi: 10.2307/2137286
- Meyer, I. H. (2003). Prejudice, social stress and mental health in lesbian, gay and

- bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 647-697. doi: 10.1037/0033-2909.129.5.674
- Miles, M. B., & Huberman, M. (1984). *Qualitative data analysis: A sourcebook of new methods*. Beverly Hills, CA: Sage Publications.
- Mizock, L., & Mueser, K. T. (2014). Transgender microaggressions in the context of friendship: Patterns of experience across friends' sexual orientation and gender identity. *Psychology of Sexual Orientation and Gender Diversity*, 1, 461-470. doi: 10.1037/sgd0000075
- Mollon, L. (2012). The forgotten minorities: Health disparities of the lesbian, gay, bisexual, and transgendered communities. *Journal of Health Care for the Poor and Underserved*, 23, 1-6. doi: 10.1353/hpu.2012.0009
- Moody, C., & Smith, N. G. (2013). Suicide protective factors among trans adults. *Archives of Sexual Behavior*, 42, 739-752. doi: 10.1007/s10508-013-0099-8
- Moradi, B., Mohr, J. J., Worthington, R. L., & Fassinger, R. E. (2009). Counseling Psychology research on sexual (orientation) minority issues: Conceptual and methodological challenges and opportunities. *Journal of Counseling Psychology*, 56, 5-22. doi: 10.1037/a0014572
- Morrow, S. L. (2007). Qualitative research in counseling psychology: Current and best practices. *The Counseling Psychologist*, 35, 209-235. doi: 10.177/0011000006296913
- Morrow, S.L., Castañeda-Sound, C.L., & Abrams, E.M. (2012). Counseling psychology

- research methods: Qualitative approaches. In N.A. Fouad (Ed.), *APA Handbook of Counseling Psychology* (pp. 93-117). Washington DC: American Psychological Association. doi: 10.1037/13754-004
- Mustanski, B., & Liu, R. T. (2013). A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth. *Archives of Sexual Behavior, 42*, 437-448. doi: 10.1007/s10508-012-0013-9
- Nadal, K. L., Skolnik, A., & Wong, Y. (2012). Interpersonal and systemic microaggressions toward transgender people: Implications for counseling. *Journal of LGBT Studies, 6*, 55-82. doi: 10.1080/15538605.2012.648583
- Nemoto, T. (1998). Subjective norms toward social support among Japanese American elderly in New York City: Why help does not always help. *Journal of Community Psychology, 26*, 293-316. doi: 10.1002/(SICI)1520-6629(199807)26:4<293::AID-JCOP1>3.0.CO;2-V
- Nemoto, T., Bödeker, B., & Iwamoto, M. (2011). Social support, exposure to violence and transphobia, and correlates to depression among male-to-female transgender women with a history of sex work. *American Journal of Public Health, 101*, 1980-1988. doi: 10.2105/AJPH.2010.197285
- Nemoto, T., Operario, D., Keatley, J., & Villegas, D. (2004). Social context of HIV risk behaviours among male-to-female transgenders of colour. *AIDS Care, 16*, 724-735. doi: 10.1080/09540120413331269567
- Newfield, E., Hart, S., Dibble, S., & Kohler, L. (2006). Female-to-male transgender quality of life. *Quality of Life Research, 15*, 1447-1457. doi: 10.1007/s11136-006-0002-3

- Noh, S., & Kaspar, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support. *American Journal of Public Health, 93*, 232–238. doi: 10.2105/AJPH.93.2.232
- Nuttbrock, L., Rosenblum, A., & Blumenstein, R. (2002). Transgender identity affirmation and mental health. *International Journal of Transgenderism, 6*. Retrieved from http://www.symposium.com/ijt/ijtvo06no04_03.htm
- Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research, 47*, 12–23. doi: 10.1080/00224490903062258
- Oswald, R. F., & Culton, L. S. (2003). Under the rainbow: Rural gay life and its relevance for family providers. *Family Relations, 52*, 72–81. doi: 10.1111/j.1741-3729.2003.00072.x
- Oswald, R. F., & Masciadrelli, B. P. (2008). Generative ritual among nonmetropolitan lesbians and gay men: Promoting social inclusion. *Journal of Marriage and Family, 70*, 1060–1073. doi: 10.1111/j.1741-3737.2008.00546.x
- Packard, T. (2009). The 2008 Leona Tyler Award address: Core values that distinguish counseling psychology: Personal and professional perspectives. *The Counseling Psychologist, 37*, 610–624. doi: 10.1177/0011000009333986
- Pickett, J. (2010). Addressing gay men's health—The script needs a rewrite. *Virtual Mentor, 12*, 668–672. doi: 10.1001/virtualmentor.2010.12.8.pfor2-1008
- Pinto, R. M., Melendez, R., & Spector, A. (2008). Male-to-female transgender

- individuals: Building social support and capital from within a gender-focused network. *Journal of Gay and Lesbian Social Services*, 20, 203–220.
doi: 10.1080/1053887208022355179
- Poon, C. S., & Saewyc, E. M. (2009). Out yonder: Sexual-minority adolescents in rural communities in British Columbia. *American Journal of Public Health*, 99, 118–124. doi: 10.2105/AJPH.2007.122945
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385–401.
doi: 10.1177/014662167700100306
- Redman, T., & Snape, E. (2006). Industrial relations climate and staff attitudes in the fire service: A case of union renewal? *Employee Relations*, 28, 26-45.
doi: 10.1108/01425450610633046
- Riggle, E. D. B., Rostosky, S. S., McCants, W., & Pascale-Hague, D. (2011). The positive aspects of a transgender self-identification. *Psychology & Sexuality*, 1-12. doi: 10.1080/19419899.2010.534490
- Rosenberg, M. (1989). *Society and the adolescent self-image*. Middletown, CT: Wesleyan University Press.
- Rotondi, N. K., Bauer, G. R., Scanlon, K., Travers, R., & Travers, A. (2011a). Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians: Trans PULSE project. *Canadian Journal of Community Mental Health*, 30(2), 135-155.
- Rotondi, N. K., Bauer, G. R., Travers, R., Travers, A., Scanlon, K., & Kaay, M. (2011b).

- Depression in male-to-female transgender Ontarians: Results from the trans PULSE project. *Canadian Journal of Community Mental Health*, 30(2), 113-133.
- Rounds, K. A. (1988). AIDS in rural areas: Challenges to providing care. *Social Work*, 33(3), 257-261.
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23, 205-213. doi: 10.1111/j.1744-6171.2010.00246.x
- Sánchez, F. J., & Vilain, E. (2009). Collective self-esteem as a coping resource for male-to-female transsexuals. *Journal of Counseling Psychology*, 56, 202-209. doi: 10.1037/a0014573
- Schank, J. A., Helbok, C. M., Haldeman, D. C., Gallardo, M. E. (2010). Challenges and benefits of ethical small-community practice. *Professional Psychology: Research and Practice*, 41, 502-510. doi.org/10.1037/a0021689
- Schilt, K. 2010. *Just one of the guys? Transgender men and the persistence of gender inequality*. Chicago, IL: University of Chicago Press.
- Schmidt, C. K., Miles, J. R., & Welsh, A. C. (2011). Perceived discrimination and social support: The influences on career development and college adjustment of LGBT college students. *Journal of Career Development*, 38, 293-309. doi: 10.1177/0894845310372615
- Sheehan, D. V., Lecrubier, Y., Sheehan, H., Amorim, P., Janavs, J., Weiller, E., . . .

- Dunbar, G. C. (1998). The Mini-International Neuropsychiatric Interview (MINI): The development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. *Journal of Clinical Psychiatry, 59*, 22–33.
- Sherbourne, C.D., & Stewart, A.L. (1991). The MOS social support survey. *Social Science & Medicine, 32*, 705-714. doi: 10.1016/0277-9536(91)90150-B
- Siedman, I. (1998). *Interviewing as qualitative research: A guide for research in education and the social sciences (2nd ed.)*. New York, NY: Teachers College Press.
- Singh, A. A., & McKleroy, V. S. (2011). “Just getting out of bed is a revolutionary act”: The resilience of transgender people of color who have survived traumatic life events. *Traumatology, 17*, 34-44. doi: 10.1177/1534765610369261
- Sjoberg, M. D., Walch, S. E., & Stanny, C. J. (2006). Development and initial psychometric evaluation of the transgender adaptation and integration measure (TG AIM). *International Journal of Transgenderism, 9*, 35-45. doi: 10.1300/J485v09n02_05
- Stake, R. E. (2010). *Qualitative research: Studying how things work*. New York, NY: Guilford Press.
- Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review, 13*, 593-618. doi: 10.1016/0272-7358(93)90048-Q
- Strain, J. D., & Shuff, I. M. (2010). Psychological well-being and level of outness in a population of male-to-female transsexual women attending a national transgender conference. *International Journal of Transgenderism, 12*, 230-240. doi: 10.1080/15532739.2010.544231

- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory Procedures and techniques*. Newbury Park, CA: Sage Publications.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Sugano, E., Nemoto, T., & Operario, D. (2006). The impact of exposure to transphobia on HIV risk behavior in a sample of transgendered women of color in San Francisco. *AIDS and Behavior, 10*, 217-225. doi: 10.1007/s10461-005-9040-z
- Tang, M., & Russ, K. (2007). Understanding and facilitating career development of people of Appalachian culture: An integrated approach. *Career Development Quarterly, 56*. Retrieved from <http://www.freepatentsonline.com/article/Career-Development-Quarterly/168513679.html> doi: 10.1002/j.2161-0045.2007.tb00018.x
- Tebbe, E. N., & Moradi, B. (2012). Anti-transgender prejudice: A structural equation model of associated constructs. *Journal of Counseling Psychology, 59*, 251-261. doi: 10.1037/a0026990
- Tews, M. J., Michel, J. W., & Allen, D. G. (2014). Fun and friends: The impact of workplace fun and constituent attachment on turnover in a hospitality context. *Human Relations, 67*, 923-946. doi: 10.1177/0018726713508143
- Thorne, D., Tickameyer, A., & Thorne, M. (2004). Poverty and Income in Appalachia. *Journal of Appalachian Studies, 10*, 341-357.
- Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: School

- victimization and young adult psychosocial adjustment. *Developmental Psychology*, 46, 1580-1589. doi: 10.1037/a0020705
- Turell, S., Herrmann, M., Hollander, G., & Galletly, C. (2012). Lesbian, gay, bisexual, and transgender communities' readiness for intimate partner violence prevention. *Journal of Gay & Lesbian Social Services*, 24, 289-310.
doi: 10.1080/10538720.2012.697797
- United States Census Bureau. (2010). <http://www.census.gov>
- United States Department of Agriculture. (2011). *United States fact sheet: U.S. population, income, education employment and federal funds: Rural nonmetro & urban metropolitan America*. <http://www.ers.usda.gov/statefacts/us.htm>
- Walch, S. E., Ngamake, S. T., Francisco, J., Stitt, R. L., & Shingler, K. A. (2012). The attitudes towards transgendered individuals scale: Psychometric properties. *Archives of Sexual Behavior*, 41, 1283-1291. doi: 10.1007/s10508-012-9995-6
- Walinsky, D., & Whitcomb, D. (2010). Using the ACA competencies for counseling with transgender clients to increase rural transgender well-being. *Journal of LGBT Issues in Counseling*, 4, 160-175. doi: 10.1080/15538605.2010.524840
- Whiting, E. L., Boone, D. N., & Cohn, T. J. (2012). Exploring protective factors among college-aged bisexual students in rural areas: An exploratory study. *Journal of Bisexuality*, 12, 507-518. doi: 10.1080/15299716.2012.729431
- Whittle, S. (1998). The trans-cyberian mail way. *Social & Legal Studies*, 7, 389-408.
doi: 10.1177/096466399800700304
- Willging, C. E., Salvador, M., & Kano, M. (2006). Unequal treatment: Mental health

- care for sexual and gender minority groups in a rural state. *Psychiatric Services*, 57, 867-870. doi: 10.1176/appi.ps.57.6.867
- Wilson, E. C., Iverson, E., Garofalo, R., & Belzer, M. (2012). Parental support and condom use among transgender female youth. *Journal of the Association of Nurses in AIDS Care*, 23, 306-317. doi: 10.1016/j.jana.2011.09.001
- Woodward, V. H., Misis, M. L., & Griffin, O. H. (2014). Examining the effects of social bonds and shame on drug recovery within an online support community. *Deviant Behavior*, 35, 938-958. doi: 10.1080/01639625.2014.901054
- Wu, C., & Pooler, D. (2014). Social workers' caregiver identity and distress: Examining the moderating role of self esteem and social support. *Social Work Research*, 38, 237-249. doi: 10.1093/swr/svu024
- Xavier, J. M., Bobbin, M., & Singer, B. (2005). A needs assessment of transgendered people of color living in Washington, D. C. *International Journal of Transgenderism*, 8, 31-47. doi: 10.1300/J485v08n02_04
- Yarhouse, M. A., & Carr, T. L. (2012). MTF transgender experiences: A qualitative study. *Journal of LGBT Issues in Counseling*, 6, 18-33. doi: 10.1080/15538605.2012.649405
- Zimet, G. D., Dahlem, N.W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52, 30-41. doi: 10.1207/s15327752jpa5201_2

VITA

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EDUCATION

Masters of Science in Clinical Psychology *May 2003*
Eastern Kentucky University; Richmond, KY

Bachelor in Psychology *May 2000*
Eastern Kentucky University; Richmond, KY

Associates Degree *May 1995*
Somerset Community College; Somerset, KY

Professional Positions Held

RESEARCH EXPERIENCE

Research Assistant

Spring 2015

Biostatistical online course development

College of Behavioral Sciences, University of Kentucky

Supervisor: Claire Clark, Ph.D.

Research Team Member

August 2010-2015

Psychosocial Research Initiative on Sexual Minorities (PRISM)

College of Educational, School, and Counseling Psychology, University of Kentucky

Supervisors: Sharon Scales Rostosky, Ph.D., and Ellen Riggle, Ph.D.

Researcher

September 2013-May 2015

Dissertation Research Project on the Social Support Experiences of Transgender Individuals in Central Appalachia

University of Kentucky

Advisor: Sharon Scales Rostosky, Ph.D.

CLINICAL EXPERIENCE

Group Co-Leader

August 2014-June 2015

Lexington Veteran's Affairs Administration

Supervisor: Jenny Kinder, Ph.D.

On-Call Crisis Counselor

August 2013-May 2015

University of Kentucky Counseling Center and Residence Life

Supervisor: Jamie Hopkins, Ph.D.

Student Therapist

August 2013-June 2014

Eastern State Hospital

Supervisor: David Susman, Ph.D

Student Therapist and Group Co-Leader

August 2012-May 2013

Eastern Kentucky University Counseling Center

Site Supervisor: Tara Hart, PhD

Student Therapist and Group Co-Leader

May 2011-August 2013

University of Kentucky Counseling Center

Site Supervisor: Di Sobel, Ph.D

Supervisor of Masters Students

August-November 2013

University of Kentucky Counseling Psychology Program

Supervisor: Jeff Reese, Ph.D.

TEACHING EXPERIENCE

PSY 100 Lab Instructor

August-December 2014

Psychology Department at the University of Kentucky

Supervisor: Lynda Sharrett-Fields, Ph.D.

Guest Lecturer

2012-2014

College of Educational, School, and Counseling Psychology, University of Kentucky

Instructor of Record

2007-2015

Family and Consumer Sciences Department at Eastern Kentucky University

Supervisor: Dana Bush, Ph.D.

Instructor of Record

2010-2013

University of Kentucky, Educational, School, and Counseling Psychology
Department

Supervisor: Kenneth Tyler, Ph.D.

Instructor of Record

2006

Family & Consumer Sciences Department at Eastern Kentucky University

Supervisor: Susan Willis, Ph.D.

Instructor of Record

2003-2006

Eastern Kentucky University Counseling Center

Supervisor: Jen Walker, Ed.D.

SOCIAL JUSTICE PROJECT EXPERIENCE

Planning Committee Member and Co-Facilitator, Diversity and Ally Workshop

University of Kentucky, Educational, School, and Counseling Psychology
Department

July 2012

Supervisor: Pam Remer, Ph.D.

**Diversity training for new doctoral students and faculty in the Counseling
Psychology Department**

University of Kentucky, Educational, School, and Counseling Psychology
Department

August 2012

Supervisor: Pam Remer, Ph.D.

Sex trafficking Consultant

Bluegrass Rape Crisis Center in Lexington, KY

February 2012

Fairness Ordinance Panelist

Madison County Fairness Alliance in Richmond, KY

2010

Social Justice and Diversity Group Co-Leader

University of Kentucky Gatton College of Business and Economics

August 2010-December 2010

Supervisor: Randa Remer, Ph.D.

PUBLICATIONS

Refereed

Winslow, M.P., **Aaron, A.**, & Amadife, E.N. (2011). African Americans' lay theories of prejudice and nonprejudice. *Journal of Black Studies*, 42(1), 43-70.

Presentations

Aaron, A., Rostosky, S., & Riggle, E. H. (May 2012). *Experiences of transgender individuals in Central Appalachia*. Poster presented at the Kentucky Psychological Association, Lexington, KY.

Rostosky, S., Riggle E.H., **Aaron, A.**, Pascale-Hague, D., Black, W., Gonzalez, K., Mosley, D., & Odom, R. (August 2012). *Prism research roundtable on LGBT research*. Roundtable discussion at the American Psychological Association Convention, Orlando, FL.

Wood, A., & **Aaron, A.** (December 2006). *Creating and implementing all-male anti-sexist sexual assault awareness groups on college campuses*. Seminar presented at the Kentucky Association of Sexual Assault Prevention, Lexington, KY.

PROFESSIONAL SERVICE

Division 44 Hospitality Suite Volunteer

August 2012

American Psychological Association Convention, Orlando, FL

Student Representative, Counseling Psychology Area Committee (CPAC)

2012

University of Kentucky Counseling Psychology Program, Lexington, KY

AWARDS

Recipient, Dissertation Enhancement Travel Award

January 2014

Recipient, American Psychological Association of Graduate Students (APAGS) LGBT Dissertation Award

August 2013

Phi Beta Kappa Honor Society

2010-2014

Eastern Kentucky University Woman of the Year Award

2002

PROFESSIONAL AFFILIATIONS

Kentucky Psychological Association

August 2012

American Psychological Association (Student Affiliate Member)

Division 17, Division 44, and Division 35

August 2012-May 2015

American Psychological Association Graduate Student (APAGS)

August 2013-May 2015